

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>bed</i> ^{Town}		<i>Shelton</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>18</i>	Age _____	Months _____	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>None</i>			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Willie R. Adams</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mamie M. Ellison</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Willie R. Adams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long _____
Immediate <i>Inanition</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. A. Jones</i>
	Address <i>Shelton</i>
Accident or Suicide? _____	



Name
in
Full

Norman Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

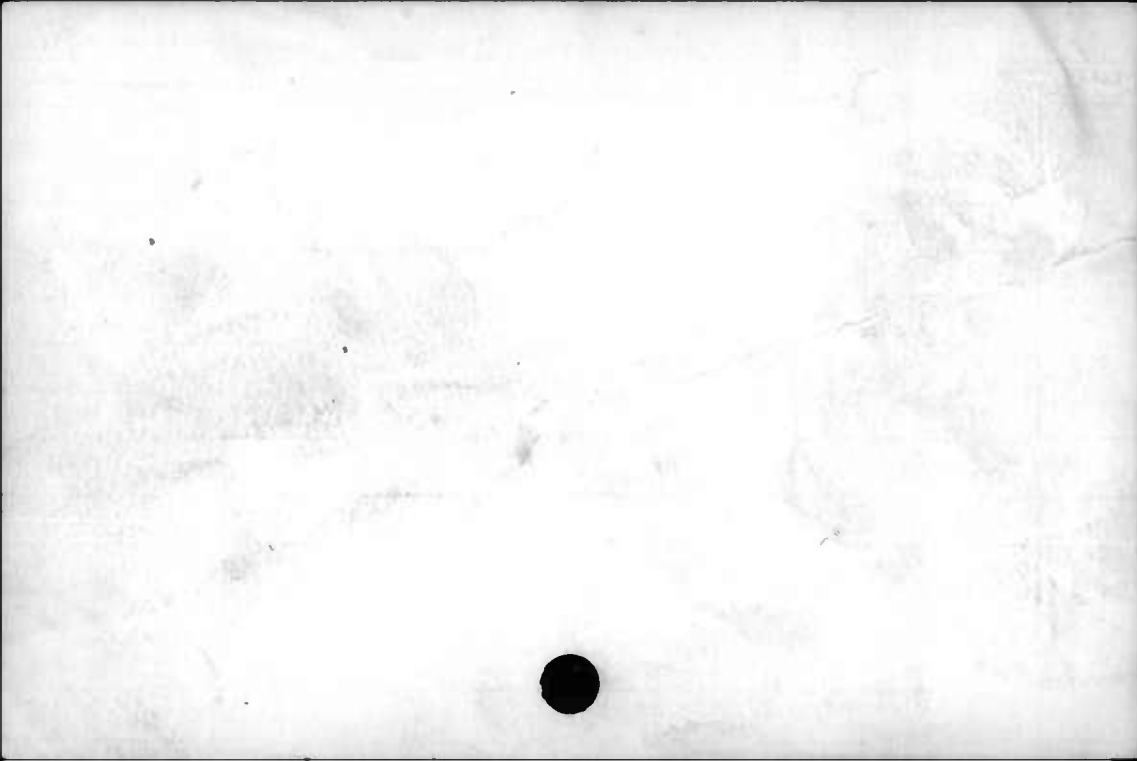
Died at <i>Pishing Creek</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>7</i>	Age <i>2</i>	Months <i>5</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>Md</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>			
Father's Name <i>John A. Adams</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Olevia Travers</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>John A. Adams</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>3 wks.</i>
Immediate <i>Cardiac Failure</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. Thriver Jr.</i>
	Address <i>Taylor's Island Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

William L. Applegarth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lloyds</i> <small>Town</small>		<i>Winchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>mar</i>	Day <i>20</i>	Age <i>66</i>	Months <i>1</i> Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Laura Applegarth</i>				
Father's Name <i>Geo A Applegarth</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Ann Lambdin</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Laura Applegarth</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

80
How longPHYSICIAN
OR CORONER

Primary <i>Angina pectoris</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>R # 6 # 5</i>
Accident or Suicide?	<i>Cambridge Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>March</i>	Day <i>5th</i>	Age	Months <i>11</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Cambridge Md.</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Edward Briggs</i>		Father's Birthplace <i>Worcester Co</i>			
Mother's Maiden Name <i>Emma Jarvis</i>		Mother's Birthplace <i>Worcester Co</i>			
Name of person giving information <i>Emma Jarvis</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>One week</i>
Immediate <i>Heart Exhaustion</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter P. Reynolds M.D.</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name
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Full

Maria M. Bowdell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

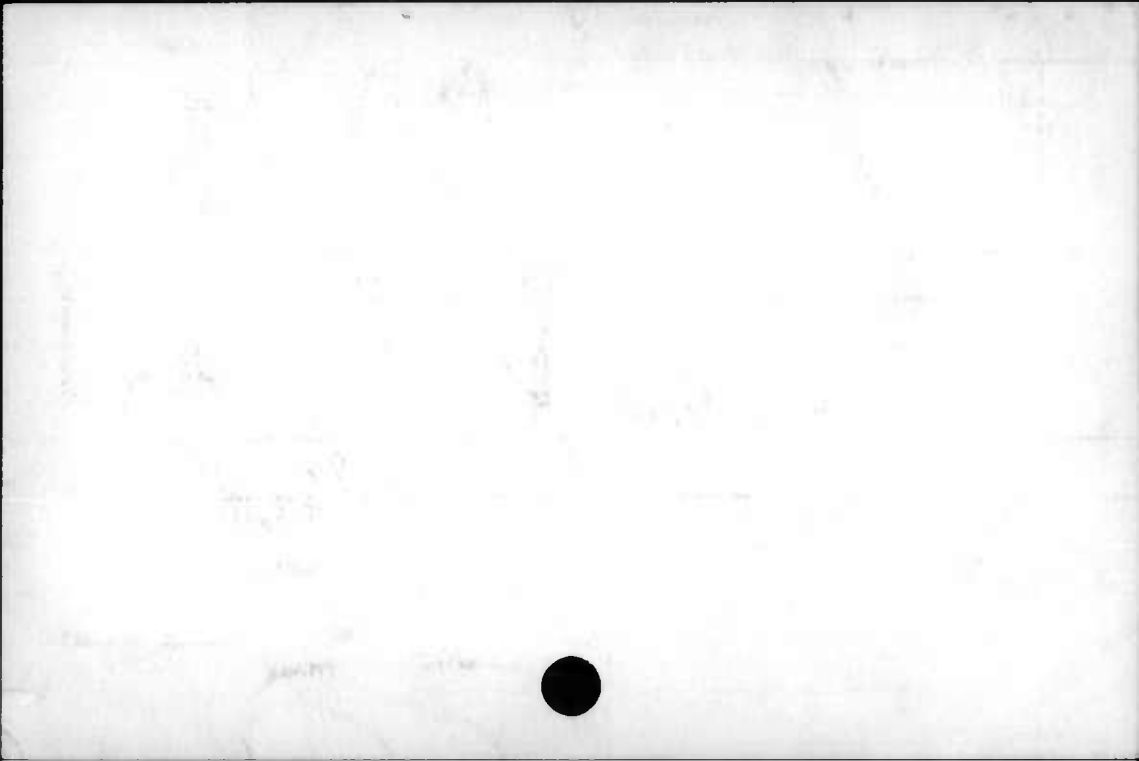
Died at <u>Cambridge</u> <small>Town</small>		<u>Proches</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>3</u> <small>Month</small>	<u>6</u> <small>Day</small>	Age <u>82</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Jalbot E. Ind.</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Wm. Bowdell</u>				
Father's Name <u>Wm. Mullikin</u>	Father's Birthplace <u>Calhoun E. Ind.</u>				
Mother's Maiden Name <u>Mary Higgins</u>	Mother's Birthplace <u>Jalbot E. Ind.</u>				
Name of person giving information <u>W. L. Bowdell</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

1907

PHYSICIAN
OR CORONER

Primary <u>Bronchial Asthma Senility</u>	How long <u>25 years</u>
Immediate <u>Gradual Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guy Stull</u>
	Address <u>Cambridge Ind.</u>
Accident or Suicide?	



Name
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Full

William Severn Bradley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

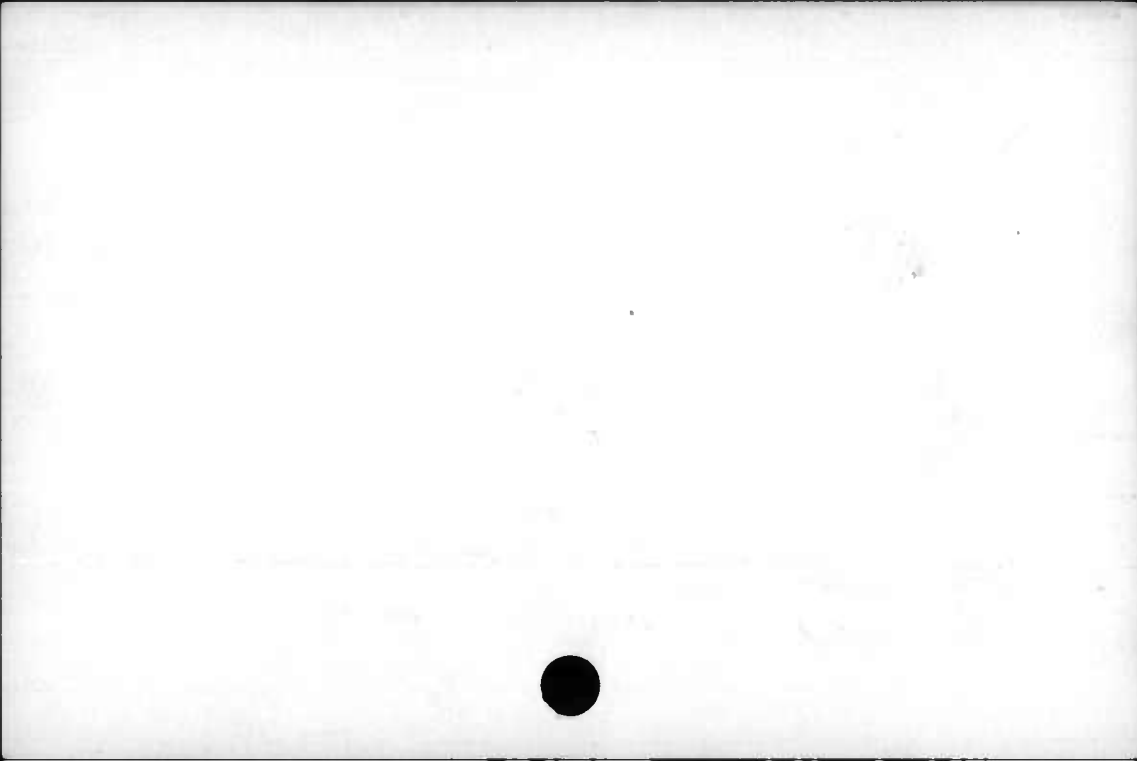
Died at <i>Federalburg</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	1907	Month	3	Day	9
Age	76	Years	6	Months	
Sex	male	Color or Race	white	Birth-place	unknown
Occupation	Farmer		Where Residing if not at place of death <i>near Federalburg</i>		
Married, Single or Widowed	married	Name of Wife or Husband	<i>Elizabeth Bradley</i>		
Father's Name	<i>Thomas Bradley</i>		Father's Birthplace <i>unknown</i>		
Mother's Maiden Name	<i>Betsy Miller</i>		Mother's Birthplace <i>unknown</i>		
Name of person giving information	<i>G. J. Brampton</i>		How related to deceased <i></i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Myocarditis</i>	How long	
Immediate	<i>Profound exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo. F. Galloway</i>
		Address	<i>Federalburg Md.</i>
Accident or Suicide?			



Name
in
Full

Phillip Emory Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Milton</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>27th</i>	Age <i>—</i>	Months <i>6</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>			
Father's Name <i>John Brown</i>			Father's Birthplace <i>Dor. Co. Md.</i>		
Mother's Maiden Name <i>Phoebe Summers</i>			Mother's Birthplace <i>Dor. Co. Md.</i>		
Name of person giving information <i>Howard Richardson</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pleurisy</i>	(94)	How long <i>Don't know</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>	Signature of Physician <i>R. L. Lomiticum</i>	Address <i>Church Creek, Md.</i>
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

Margaret W. Carroll

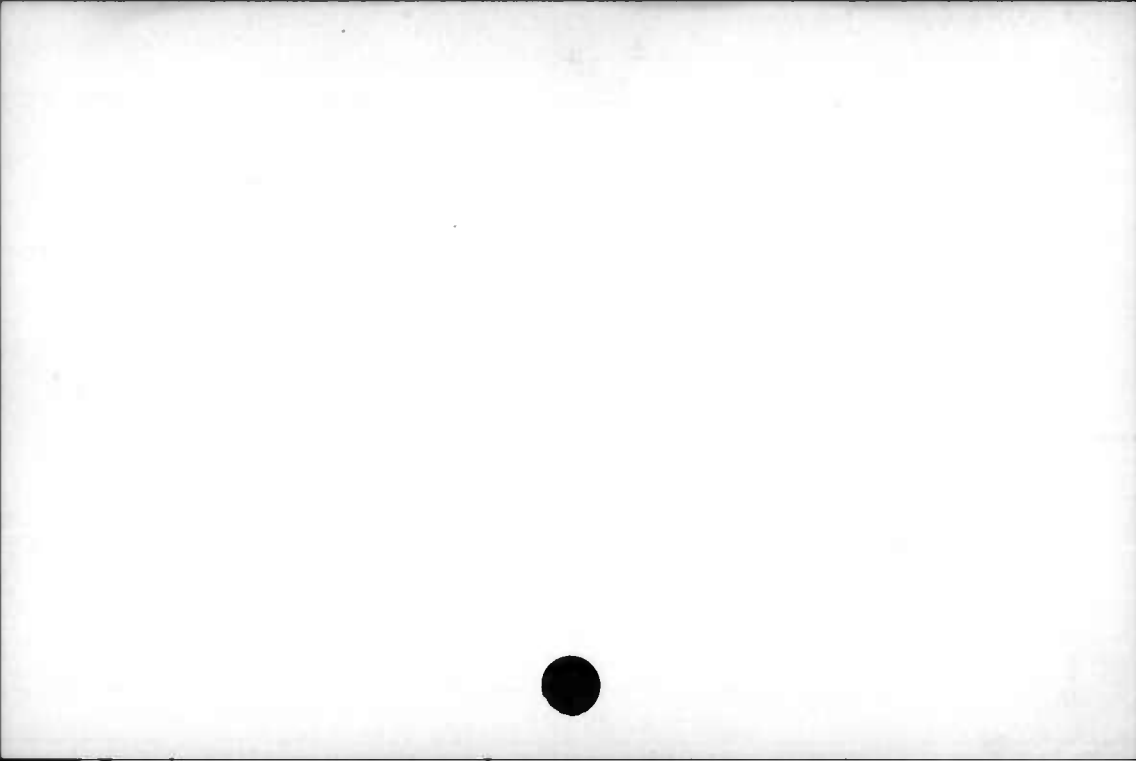
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1901</u>	Month <u>Feb.</u>	Day <u>4</u>	Age, <u>14</u> Years	Months <u>4</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Thiagetown, Md.</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Cambridge, Md.</u>			
Married, Single or Widowed		Name of Wife or Husband <u>Thos. Henry Carroll, M.D.</u>			
Father's Name <u>Charles C. Carroll</u>		Father's Birthplace <u>Hampton, Va.</u>			
Mother's Maiden Name <u>Lizzie Smith</u>		Mother's Birthplace <u>Philadelphia, Pa.</u>			
Name of person giving information <u>Victor B. Carroll</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Anterior Meningitis + Pneumonia</u>	How long <u>many years</u>
Immediate <u>Progressive Heart-failure</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. Stull</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u>✓</u>	



Name
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Full

Andrew Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Georgetown near Cambridge		County Dorchester		MARYLAND	
Date of death		Month 1907 March		Day 19 th Age 3		Months 11 Days	
Sex male		Color or Race Caucasian		Birth- place Dor. Co			
Occupation Child		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name Nathan Chase		Father's Birthplace Dorchester Co					
Mother's Maiden Name Annie Roberts		Mother's Birthplace Dorchester Co					
Name of person giving In formation Nathan Chase		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	(8)	How long	10 days
Immediate	Pneumonia		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician E. W. Webb	
			Address Cambridge, Md	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lloyds <small>Town</small>		Worcester <small>County</small>		MARYLAND	
Date of death 1907	Mar <small>Month</small>	22 <small>Day</small>	Age 84 <small>Years</small>	4 <small>Months</small>	12 <small>Days</small>
Sex Male	Color or Race White	Birth-place Ind			
Occupation Farmer	Where Residing if not at place of death —				
Married, Single or Widowed Widower	Name of Wife or Husband Catherine (Spedden) Cook				
Father's Name Babylon Cook	Father's Birthplace Ind				
Mother's Maiden Name Philliston	Mother's Birthplace Ind				
Name of person giving information Mrs Wiley	How related to deceased daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Aortic regurgitation	79 <small>How long</small> — years
Immediate	— years <small>How long</small>
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician S A Stokes
	Address 276 #5 Cambridge
Accident or Suicide?	Ind



Name
in
Full

Eugene Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

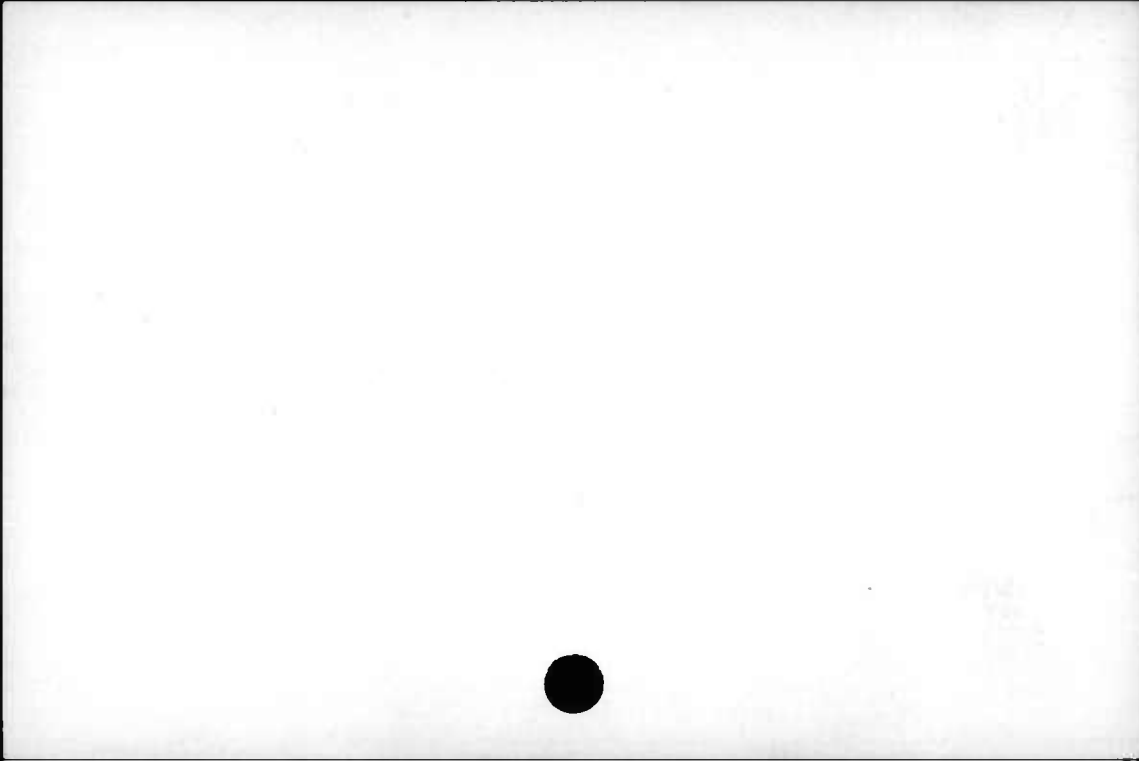
Died at <i>East New Market</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1907	Month	3	Day	21
Age		37		Years	
Sex	Male		Color or Race	Black	
Occupation	Laborer (Farm)		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband	<i>Annie Young Cornish</i>	
Father's Name	<i>Wes Divine</i>		Father's Birthplace	<i>Dor. Co.</i>	
Mother's Maiden Name	<i>Millie Matthews</i>		Mother's Birthplace	<i>Dor Co.</i>	
Name of person giving information	<i>Wm H. Matthews</i>		How related to deceased	<i>half Bro.</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis Pulmonary</i>	How long	<i>Three years</i>
Immediate	<i>Dyspnoea & Asphyxia</i>	How long	<i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Edward L. Jones</i>	
		Address	
		<i>East New Market, Md</i>	
Accident or Suicide?			

27



Name
in
Full

Francis Isaac Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

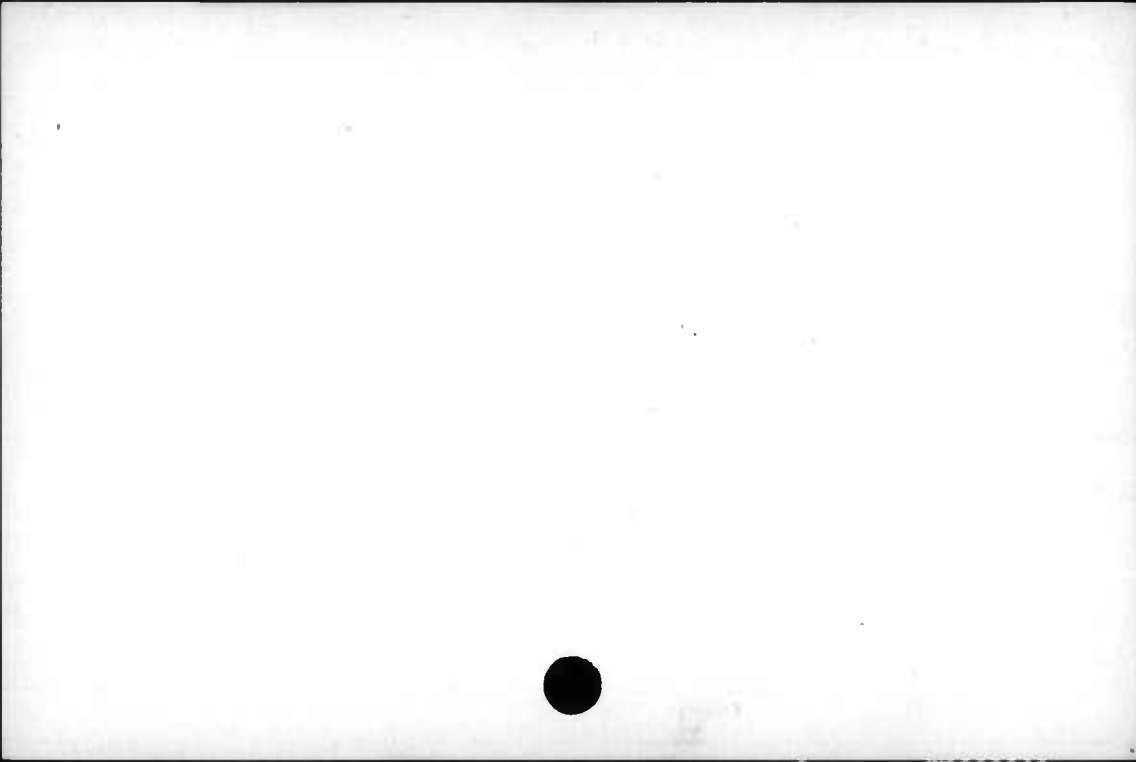
Died <i>at</i> <i>near Milton</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>9th</i>	Age	Years	Months <i>2</i>	Days <i>15</i>	
Sex <i>Male</i>	Color or Race <i>Col.</i>		Birthplace <i>Dor. Co. Md.</i>				
Occupation <i>Infant</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>Isaac Boston</i>				Father's Birthplace <i>White Stone Va</i>			
Mother's Maiden Name <i>Mary Eliza Waters</i>				Mother's Birthplace <i>Dor. Co. Md.</i>			
Name of person giving information <i>Wm. J. Waters</i>				How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days</i>
Immediate <i>Don't know</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. L. Lomickiewicz</i>
	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name
in
Full

Chas Hy Duke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

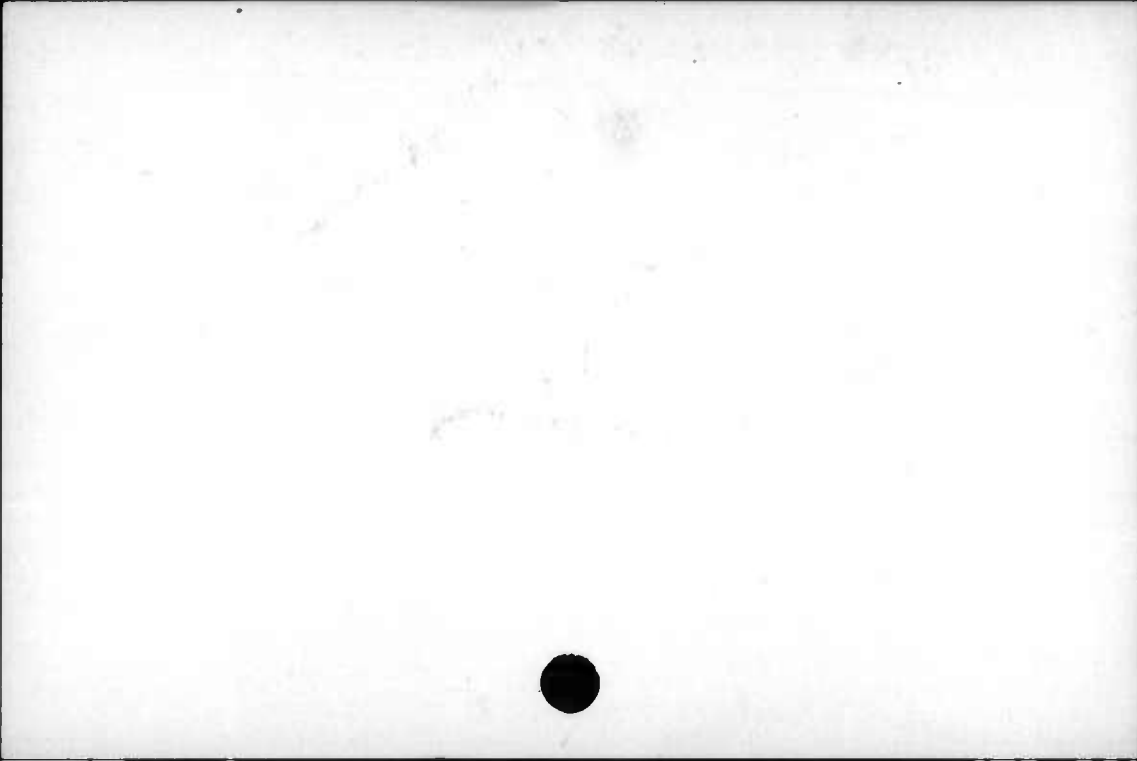
Died at <i>Ellwood</i> Town		<i>Dorchester</i> County		MARYLAND							
Date of death	1907	Month	3	Day	23	Age	76	Years	Months	4	Days
Sex	<i>Male</i>		Color or Race	<i>W</i>		Birth-place	<i>Mo</i>				
Occupation	<i>Carpenter</i>					Where Residing if not at place of death	<i>same</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Athalene Andrews</i>							
Father's Name	<i>Chas Duke</i>					Father's Birthplace	<i>Mo</i>				
Mother's Maiden Name	<i>Mary Russell</i>					Mother's Birthplace	<i>Mo</i>				
Name of person giving information	<i>Ellen Christoph</i>					How related to deceased	<i>Sister</i>				

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long	<i>3 mo</i>
Immediate	<i>Acute Myocarditis</i>	How long	<i>3 wks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Raymond Dawner</i>
		Address	<i>Presden</i>
Accident or Suicide?			



Name
in
Full

Wilton King Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Madison ^{County} Dorchester

MARYLAND

Date of death 1907 ^{Month} March ^{Day} 8 ^{Years} Age about 47 ^{Months} — ^{Days} —

Sex Male Color or Race White Birth-place St. Mary's Co. Md

Occupation Laborer Where Residing (not at place of death)

Married, Single or Widowed Married Name of Wife or Husband Annie Edwards

Father's Name Don't Know Father's Birthplace Don't Know

Mother's Maiden Name Don't Know Mother's Birthplace " "

Name of person giving information W. D. Sanders How related to deceased Friend

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary Pneumonia How long Two weeks

Immediate General exhaustion How long about 3 days

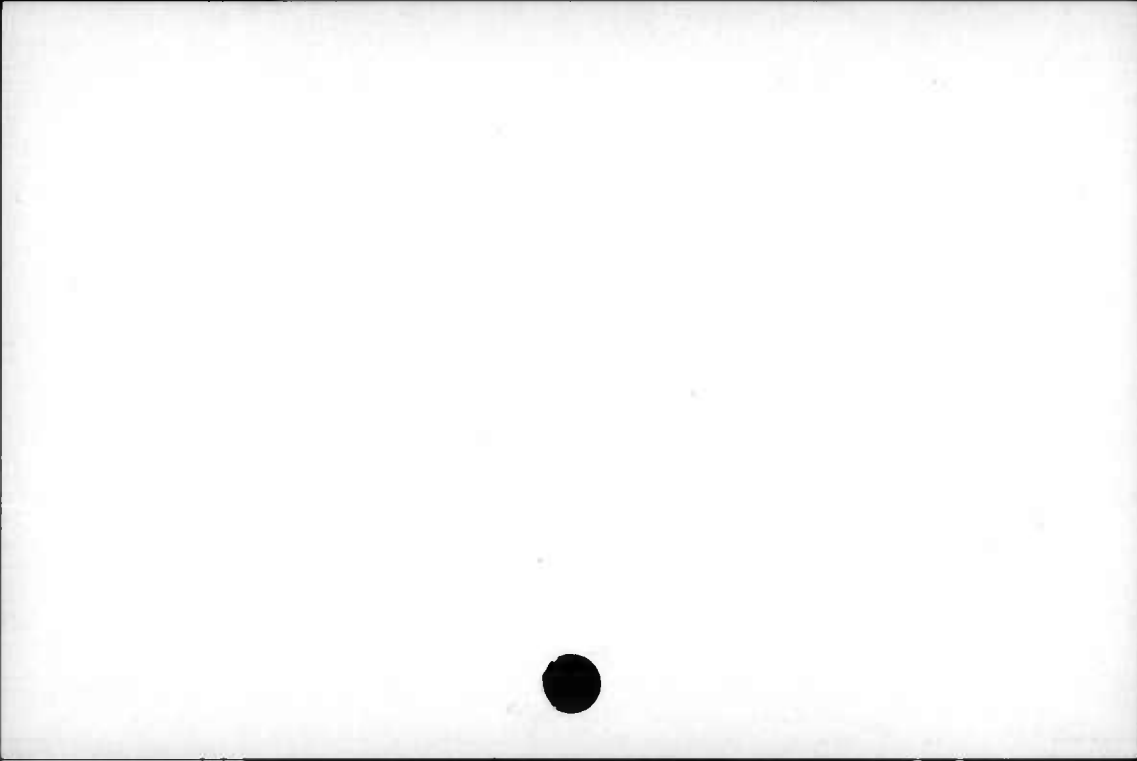
Are the name, age, sex, color, date and place correctly given above? So far as I know, yes

Signature of Physician

Address

B. L. Smith M.D.
Madison, Md

Accident or Suicide?



Name in Full Robt Elliott		CERTIFICATE OF DEATH	
Died at Cambridge Town		Dorchester County	
Date of death 1907 Month Mar Day 29th		Age 28 Years Months — Days —	
Sex Male		Color or Race Colored	
Occupation Laborer		Birth-place Cambridge	
Where Residing if not at place of death Home			
Married, Single or Widowed Single		Name of Wife or Husband Bessie Elliott	
Father's Name Washington Elliott		Father's Birthplace Dorchester	
Mother's Maiden Name Does Not Know		Mother's Birthplace Unknown	
Name of person giving information Bessie Elliott		How related to deceased wife	
CAUSES OF DEATH			
Primary Tuberculosis		How long 2 months	
Immediate Ephraim		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician L. P. Reynolds M.D.	
		Address Cambridge Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

27



Name
in
Full

CERTIFICATE OF DEATH

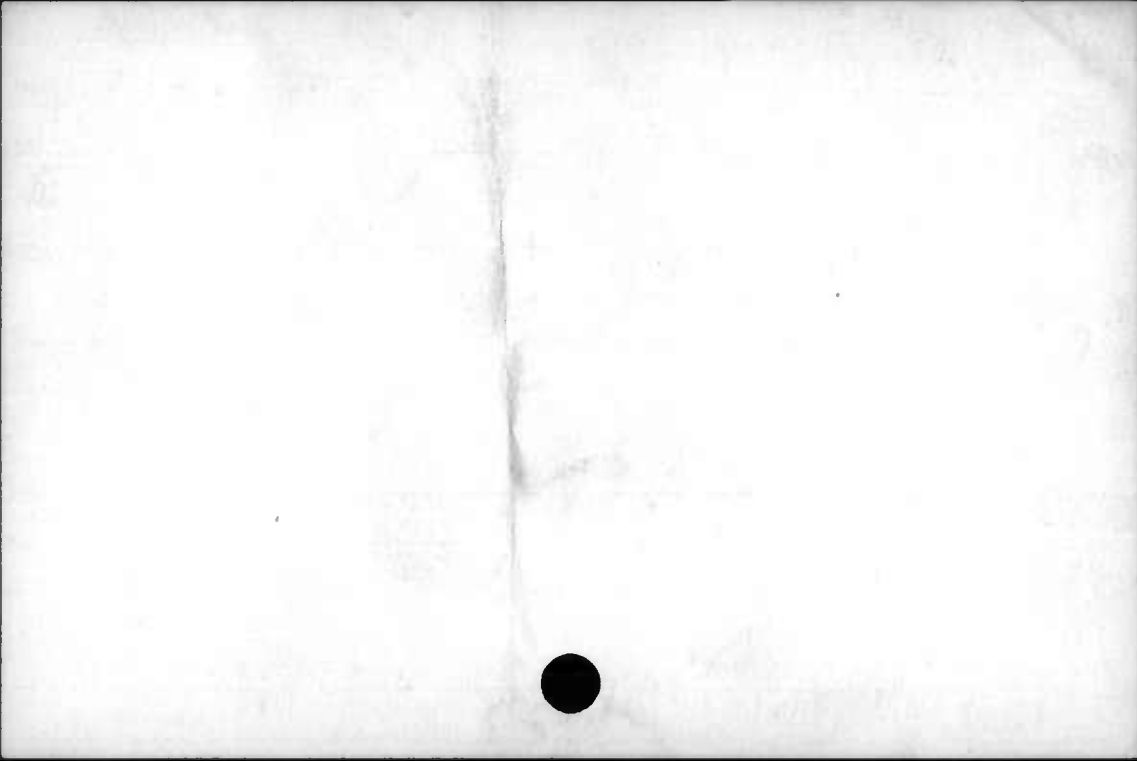
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taylor Island</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND		
Date of death <i>1907</i>	Month <i>March</i>	Day <i>30</i>	Age <i>2</i>	Years <i>7</i>	Months <i>7</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Md</i>			
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>			
Father's Name <i>John H Ellis</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Mary J. Hooper</i>			Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John Wilson</i>			How related to deceased <i>friend</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lobar Pneumonia</i>	How long <i>1 wk.</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jo. K. Shriver Jr</i>
	Address <i>Taylor Island Md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Elizabeth Emma

CERTIFICATE OF DEATH

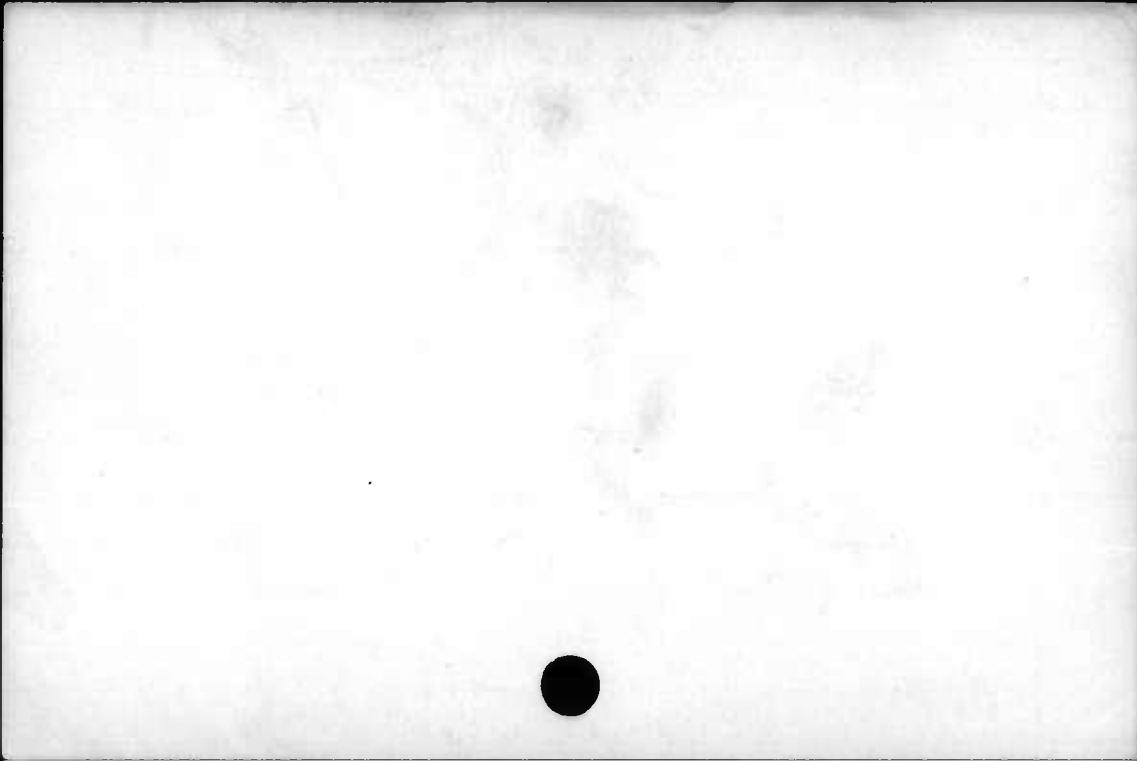
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town		County		Dorchester		MARYLAND	
Date of death	1907	Month	March	Day	4	Age	89	Years	5
Sex	female	Color or Race	Black	Birth-place	Church Cr				
Occupation	Nursing	Where Residing if not at place of death							
Married, Single or Widowed	Widowed	Name of Wife or Husband		Unknown					
Father's Name	D John Nevitt				Father's Birthplace	dont know			
Mother's Maiden Name	Elizabeth Nevitt				Mother's Birthplace	dont know			
Name of person giving information	Nachel B Ennals				How related to deceased	Grand child			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grippe	How long	about 7 weeks
Immediate	Heart failure	How long	about 3 hours
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Victor Harrow, M.D.
		Address	Cambridge, Md
Accident or Suicide?			



Name
in
Full

Asker Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>March</u> ^{Day} <u>23</u>		Age <u>6</u> ^{Years}		<u> </u> ^{Months} <u> </u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Cambridge</u>	
Occupation <u>Child</u>		Where Residing if not at place of death <u>Cambridge</u>			
<u>Married</u> , Single or <u>Widowed</u>		Name of Wife or <u>Husband</u>			
Father's Name <u>George Fletcher</u>		Father's Birthplace <u>Cambridge</u>			
Mother's Maiden Name <u>Mary Nichols</u>		Mother's Birthplace <u>Church Creek</u>			
Name of person giving information <u>George Fletcher</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Measles</u>		How long <u>Feb.</u>
Immediate <u>Bright's Disease</u>		How long <u>6 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>B. E. Wolff</u>
		Address <u>Cambridge, Md</u>
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

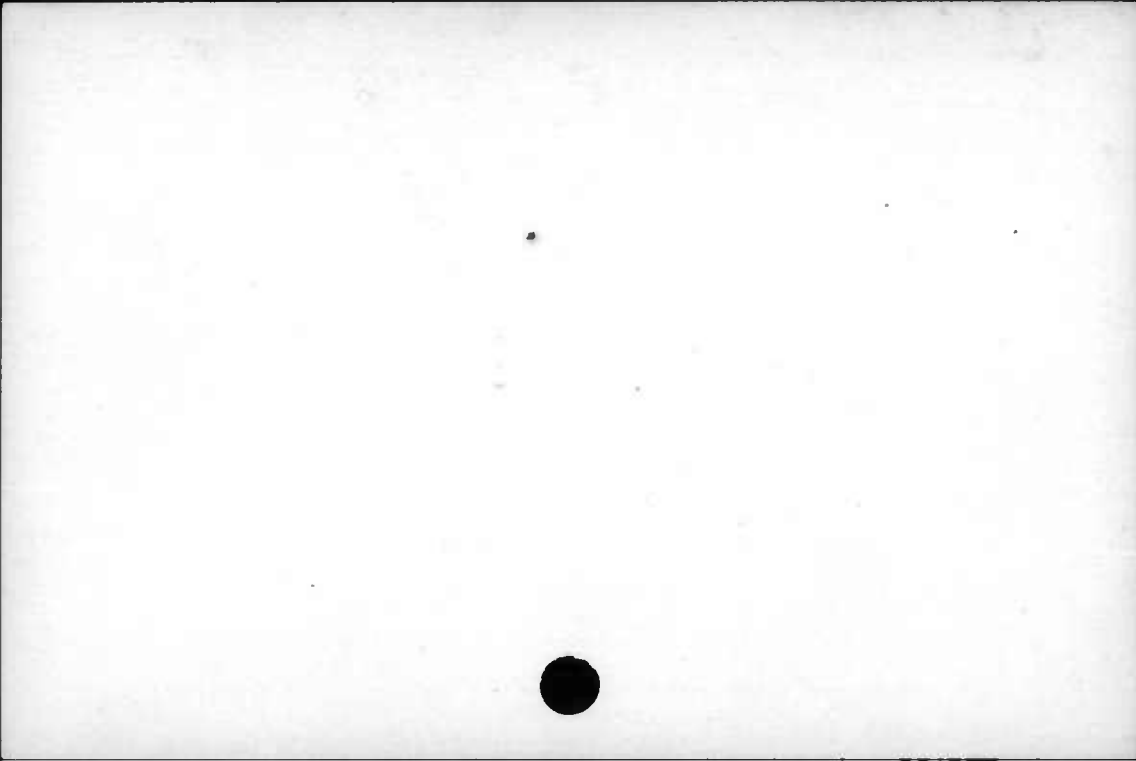
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East New Market</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>3</i>	Day <i>11</i>	Age	Years	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>white</i>			Birth-place <i>near E. N. Market</i>			
Occupation <i>none</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>unmarried</i>						
Father's Name <i>don't know</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>Elizabeth Henry</i>	Mother's Birthplace <i>Dorchester</i>						
Name of person giving information <i>S. R. Bell</i>	How related to deceased <i>neighbor</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>as not known</i>
Immediate	<i>Pneumonia</i>	How long	<i>" " "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. Meyers.</i>
		Address	<i>New Market</i>
Accident or Suicide?			



Name

in

Full

CERTIFICATE OF DEATH

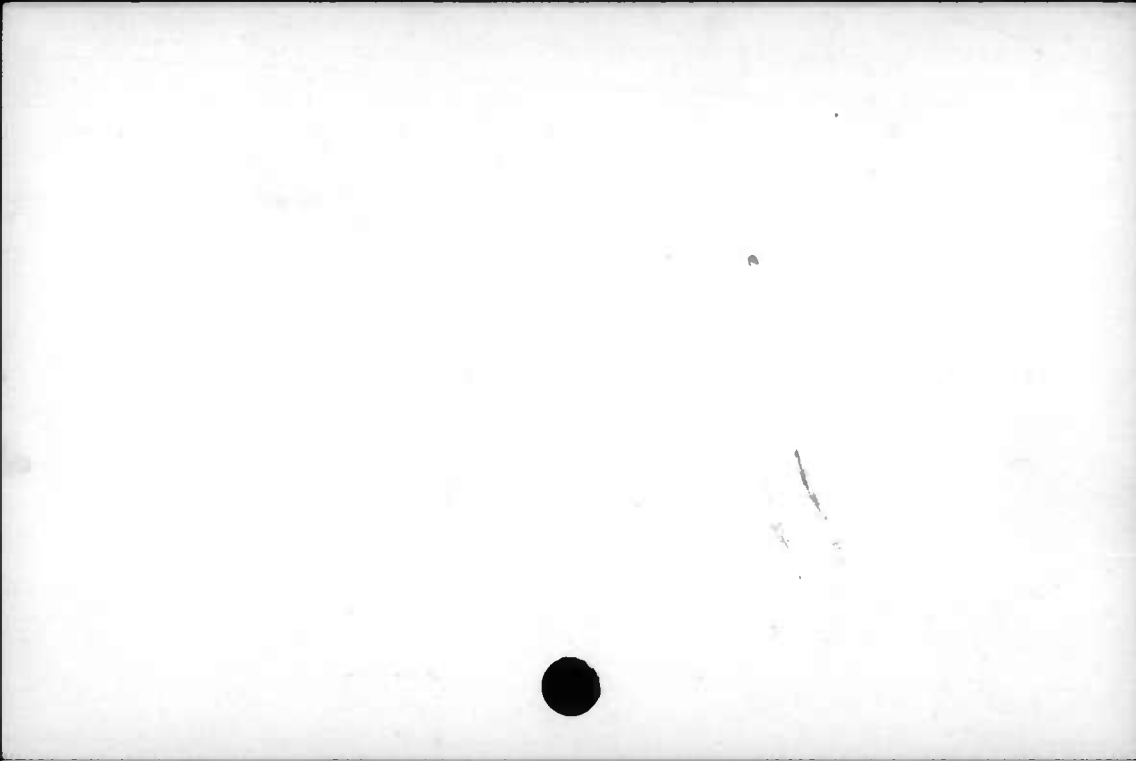
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ethel Henry</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		STATE <i>MARYLAND</i>	
Died at <i>East New Market</i>		Month <i>3</i>		Day <i>4</i>		Years <i>3</i>	
Date of death <i>1907</i>		Month <i>3</i>		Day <i>4</i>		Age <i>3</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Dorchester</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>near East New Market</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Robert Henry</i>		Father's Birthplace <i>Dorchester County</i>					
Mother's Maiden Name <i>Lizzie Henry</i>		Mother's Birthplace <i>Dorchester</i>					
Name of person giving information <i>Harry Henry</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	<i>Measles</i>	How long	<i>one week</i>
Immediate	<i>unknown</i>	<i>6</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>no physician</i>		
		Address <i>Wm L. Abdell Jr</i>		
Accident or Suicide?				



Name

in Full

Sarah Melvina Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i>		County <i>Derchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>26</i>	Age <i>73</i>	Months <i>11</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balt. Co. Md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John G. Holland</i>				
Father's Name <i>Levi Hipsley</i>	Father's Birthplace <i>Balt. Co. Md.</i>		Mother's Birthplace <i>Carroll Co</i>		
Mother's Maiden Name <i>Don't know</i>	Name of person giving information <i>Mabel Kirby</i>		How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's disease</i>	How long <i>about 2 years</i>
Immediate <i>General exhaustion</i>	How long <i>Can't say</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. L. Smith M.D.</i>
	Address <i>Madison, Md.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thomas Hughlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Orchester</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>3</u>	Day <u>12</u>	Age <u>55</u>	Months <u>6</u> Days <u>4</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Birth-place	<u>Fallsville, Md.</u>				
Occupation	<u>Deputy Fish Commissioner</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Lidia Anne Ross</u>		
Father's Name	<u>Thomas Hughlett</u>			Father's Birthplace	<u>Fallsville, Md.</u>
Mother's Maiden Name	<u>Francis A. Harrison</u>			Mother's Birthplace	<u>Dr. C. Md.</u>
Name of person giving information	<u>L. Anne Hughlett</u>			How related to deceased	<u>Wife</u>

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Water Pneumonia followed acute Bright's disease</u>		How long	<u>9 days</u>
Immediate	<u>Uræmia</u>		How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>		Signature of Physician	<u>Guy Steele M.D.</u>
			Address	<u>Cambridge Md.</u>
Accident or Suicide?				



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hurlock</i>			Town <i>Hurlock</i>		County <i>Don</i>		MARYLAND	
Date of death 190	7	Month	3	Day	23	Age	84	Years
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place		<i>Don Co</i>		
Married, Single or Widowed <i>widow</i>				Occupation <i>wife</i>				
Name of Wife or Husband <i>James Hurlock</i>								
Father's Name <i>Levin Hurlock</i>				Father's Birthplace <i>Don Co</i>				
Mother's Maiden Name <i>Mary J. Hurlock</i>				Mother's Birthplace <i>unknown</i>				
Name of person giving information <i>Auntie Monahan</i>				How related to deceased <i>daughter</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>senility</i>	How long
Immediate <i>senility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. R. Rogers</i>
	Address <i>Hurlock</i>
Accident or Suicide?	

$$\begin{array}{r} 58 \\ 26 \\ \hline 64 \end{array}$$

2

$$\begin{array}{r} 22 \\ 23 \\ \hline 1 \end{array}$$



Name
in
Full

CERTIFICATE OF DEATH

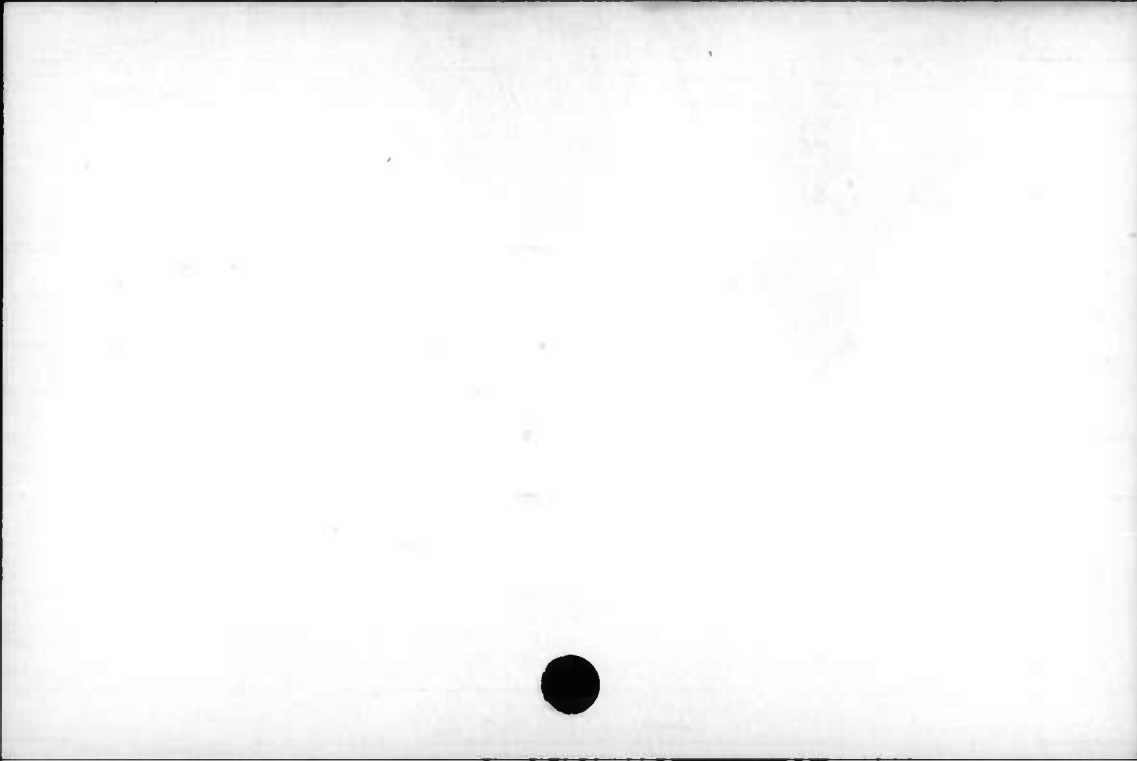
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		State	
Cambridge		Dorchester		Md		MARYLAND	
Date of death	1907	Month	March	Day	26	Age	6
Sex	Male	Color or Race	Black	Birth-place	Cambridge	Months	Days
Occupation	Baby	Where Residing if not at place of death		Cambridge			
Maid, Single or Widowed	Name of Wife or Husband						
Father's Name	Robert H Jackson		Father's Birthplace		Cambridge		
Mother's Maiden Name	Henetta Standley		Mother's Birthplace		Cambridge		
Name of person giving information	Robert H Jackson		How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	6 weeks
Immediate	Pneumonia	How long	3 or 4 days.
Are the name, age, sex, color, date and place correctly given above?	Y ²⁰	Signature of Physician	E. E. Walcott
		Address	Cambridge, Md.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

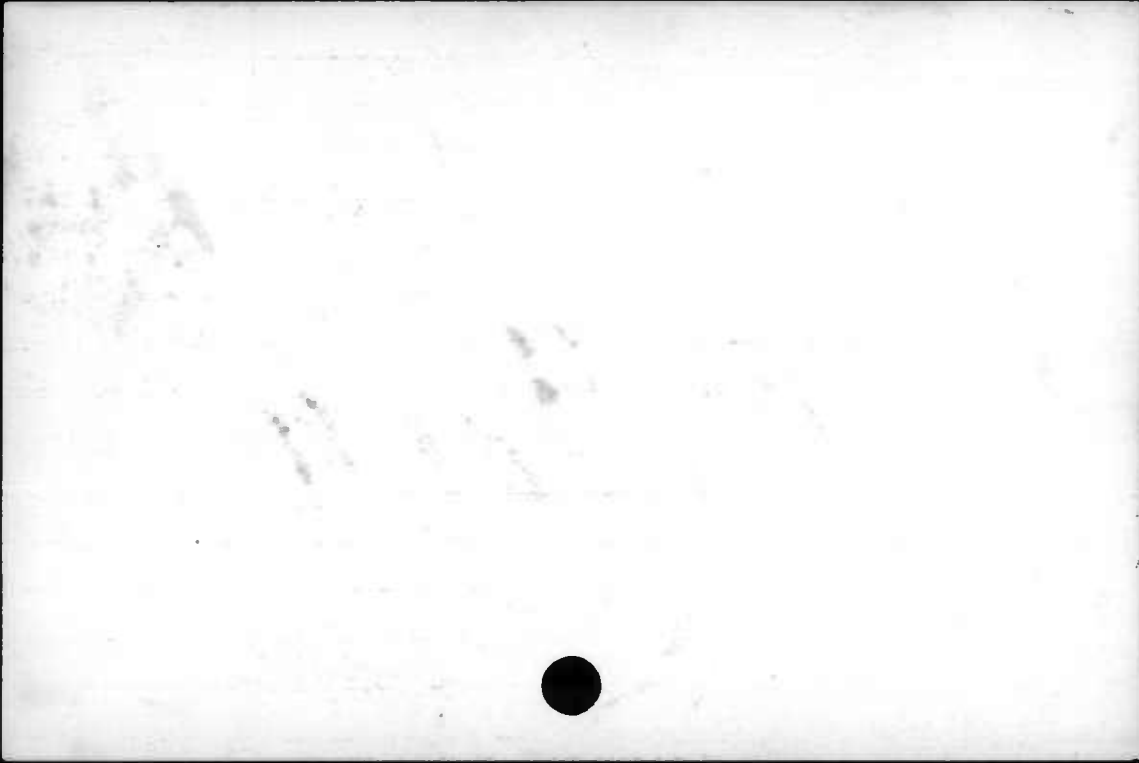
Full name *John W. Johnson* Town *Shucluck* County *Worcestershire*
Died at *Shucluck* 12
Date of death 1907 Month *March* Day *16* Age *1* Years Months *1* Days *-*
Sex *male* Color or Race *colored* Birth-place *Wd.*
Occupation *-* Where Residing if not at place of death *-*
Married, Single or Widowed *-* Name of Wife or Husband *-*
Father's Name *John W. Johnson* Father's Birthplace *Wd.*
Mother's Maiden Name *Kali Plashied* Mother's Birthplace *Wd.*
Name of person giving information *John W. Johnson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Transition* How long *1 year*
Immediate *-* How long *1 year*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *B. J. Maguire*
Address *Shucluck*
Accident or Suicide? *-*

179



Name
in
Full

Robert Aaron Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Croft</i> Town		<i>Donkinton</i> County		MARYLAND	
Date of death	1907	Month	Mar	Day	9
Age		45		Years	
Sex		Male		Color or Race	Negro
Occupation		Sailor		Birth-place	Ca.
Married, Single or Widowed		named		Where Residing if not at place of death	
Father's Name		Jeremiah Johnson		Name of Wife or Husband	
Mother's Maiden Name		Unkerson		Betsy Johnson	
Name of person giving information		Betsy Johnson		Father's Birthplace	
				Ca	
				Mother's Birthplace	
				Md	
				How related to deceased	
				Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Lesion</i>	How long	<i>79</i>
Immediate	<i>Heart Failure</i>	How long	<i>9 years</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>E. A. Jones</i>	
Address		<i>1610 1/2 St. N.W.</i>	
Accident or Suicide?			



Name
in
Full

Ruston Jollie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> <small>Town</small>		<i>Dorchester Co</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>March</i>	Day <i>22</i>	Age <i>5</i> <small>Years</small>	Months <i>2</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Cambridge</i>		
Occupation <i>Child</i>		Where Residing if not at place of death <i>Cambridge</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Edward Jollie</i>			Father's Birthplace <i>Cambridge</i>		
Mother's Maiden Name <i>Francis Camp</i>			Mother's Birthplace <i>Cambridge</i>		
Name of person giving information <i>Edward Jollie</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;">179</div>	How long <i>3 or 4 mos.</i>
Immediate <i>Unknown</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dexter P. Reynolds M.D.</i>	Address <i>Cambridge Md</i>
Accident or Suicide?		

Dr. H. J. G.

Name
in
Full

Anna B. Jones

CERTIFICATE OF DEATH

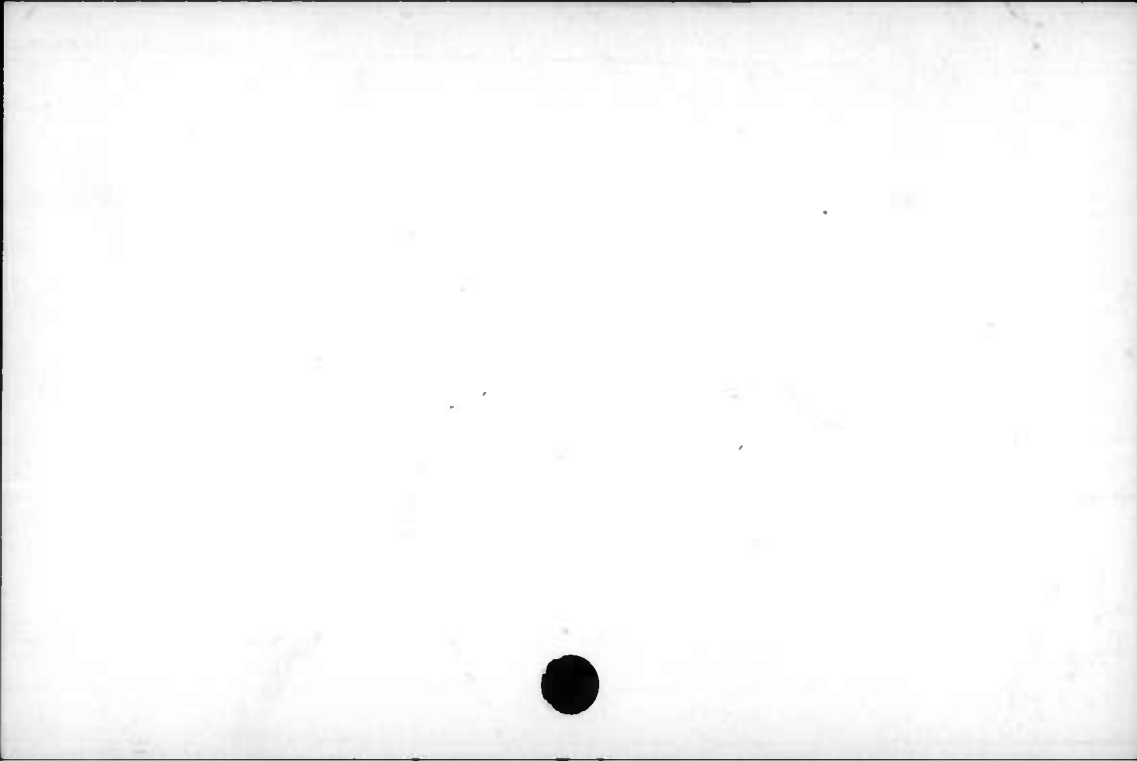
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1907	Month March	Day 31	Age	32	Years	Months 2
Sex	Female		Color or Race	White		Birth- place	Maryland
Occupation	Housewife			Where Residing if not at place of death Cambridge "			
Married, Single or Widowed	Married		Name of Wife or Husband	Wm. M. Jones			
Father's Name	John M. Freeman					Father's Birthplace	Maryland
Mother's Maiden Name	Mary E. Holtz					Mother's Birthplace	"
Name of person giving In formation	Wm. M. Jones					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Septicemia (Puerperal)	How long	5 weeks
Immediate	Heart Failure	How long	15 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. E. Wolf	
Address		Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Cornelia Jones

CERTIFICATE OF DEATH

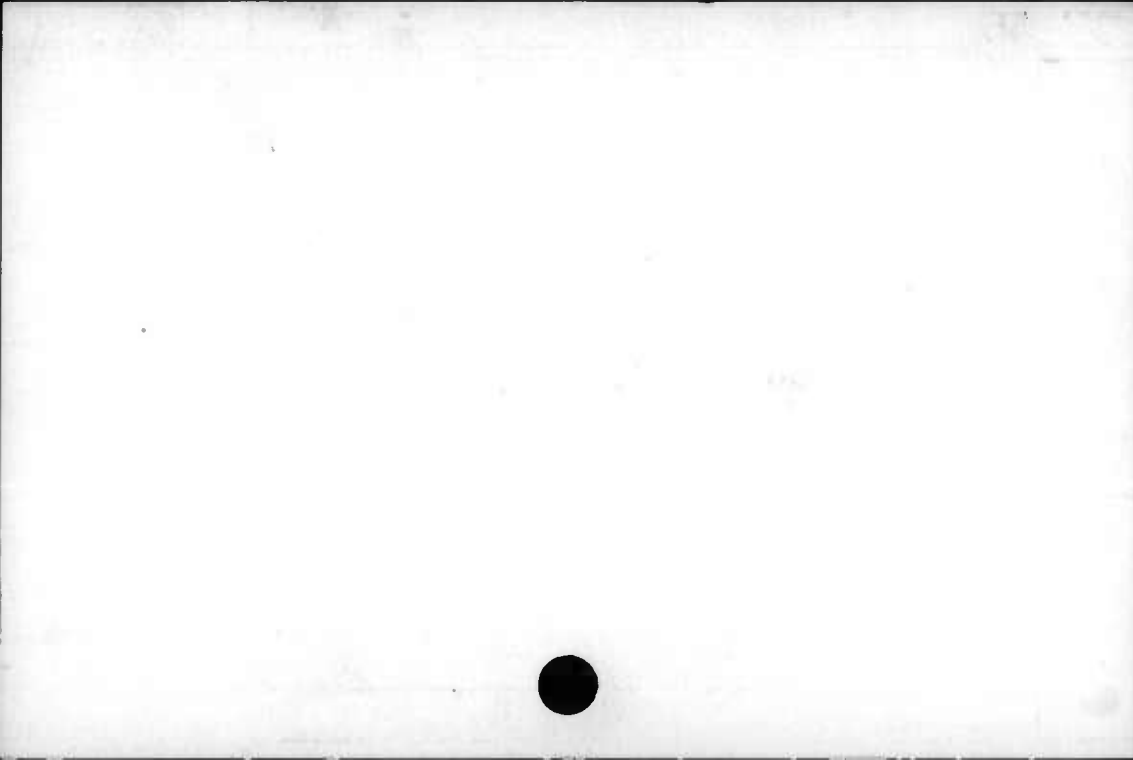
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		March	16th	4			
Sex	Female		Color or Race	Colored		Birth place	Cambria, Md.
Occupation	At home Infant		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Jones					Father's Birthplace	Dorchester Co.
Mother's Maiden Name	Emma E. Jones					Mother's Birthplace	" "
Name of person giving information	Emma Jones					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	(8)	How long	Don't know
Immediate	Pneumonia		How long	2 days to my knowledge
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. E. W. self		
Address		Cambria, Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name in Full *Winfield Jones* Town *Hawkeye* County *Dorchester*

Died at *Hawkeye*

Date of death *1907* Month *13* Day *19* Age *1* Years Months *10* Days

Sex *Male* Color or Race *Colored* Birth-place *Hawkeye*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *single* Name of Wife or Husband *none*

Father's Name *dont know* Father's Birthplace *unknown*

Mother's Maiden Name *Maggie Jones* Mother's Birthplace *Dorchester*

Name of person giving information *Levin Mitchell* How related to deceased *friend*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

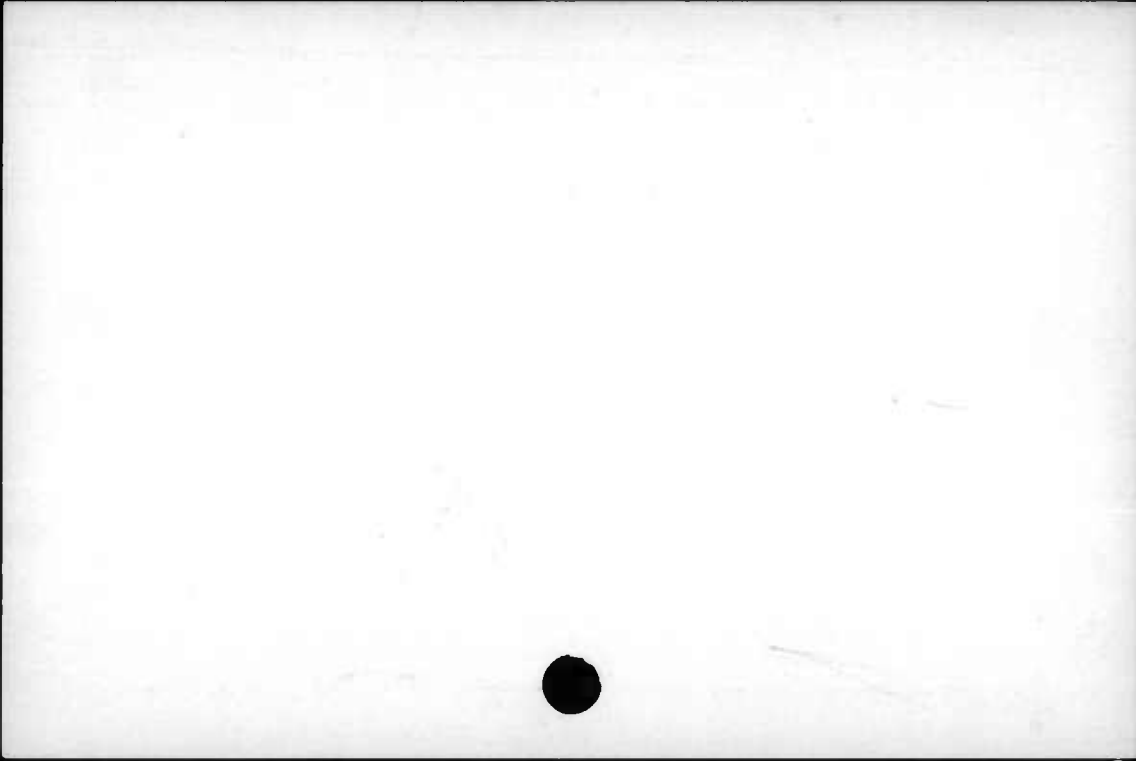
Primary *Brook* (9) How long *Two days*

Immediate *cant say* How long *dont know*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *none* Address *121 E 1/2 Market*

Accident or Suicide? *yes* *Dor County Md*



Name
in
Full

Mabel Ruth Keene

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Madison</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month <i>Mar.</i>	Day <i>1st</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birth- place <i>Dor. Co. Md.</i>				
Occupation <i>Infant</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>					
Father's Name <i>John G. Keene</i>				Father's Birthplace <i>Dor. Co. Md.</i>			
Mother's Maiden Name <i>Rosie M. Jones</i>				Mother's Birthplace <i>Dor. Co. Md.</i>			
Name of person giving in formation <i>John G. Keene</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Don't know</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. Smith</i>
<i>Probably</i>	Address <i>Church Creek, Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

Winfred Calvin Keene

Town

County

Died at

Cambridge

Dorchester

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1904

March

14

Age

16

6

1

Sex

Male

Color or
Race

Colored

Birth
place

Dorchester Co

Occupation

Student

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Levin T. Keene

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Henrietta Lane

Mother's
Birthplace

Dorchester Co

Name of person giving
information

Levin T. Keene

How related
to deceased

Father

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

3 months

Immediate

Asthma

How long

One month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

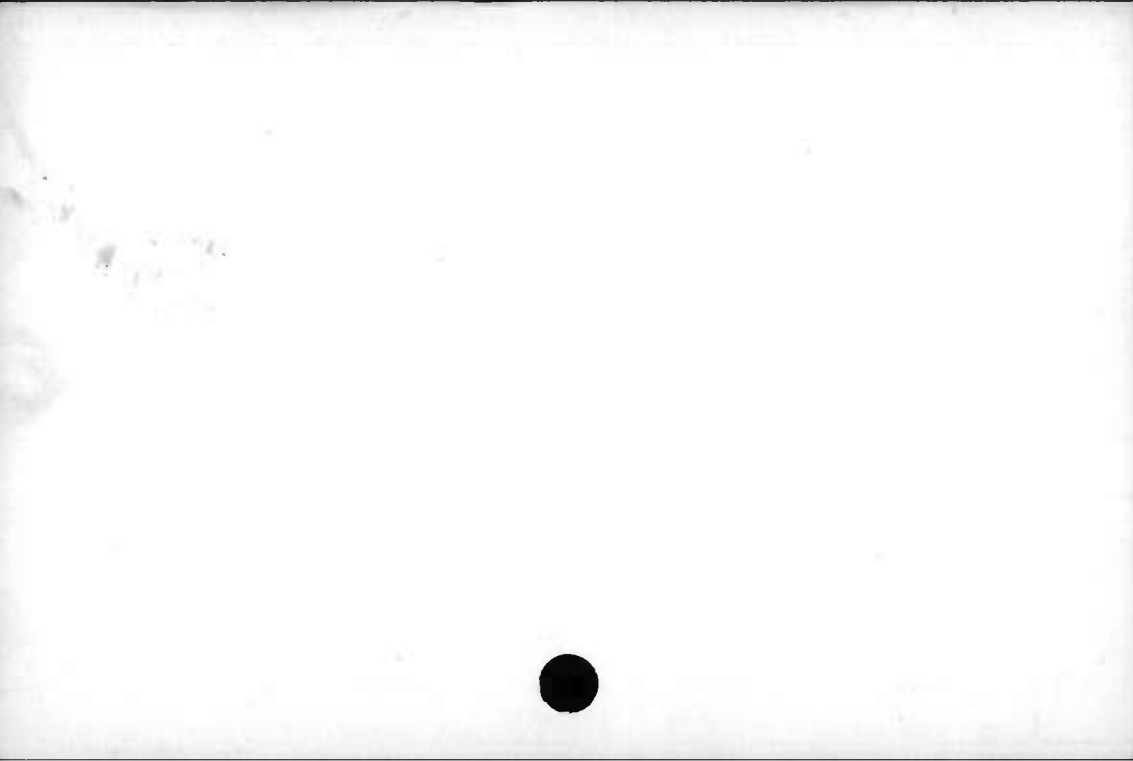
Dexter P. Reynolds M.D.

Address

Cambridge Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Leota B. Kibble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month <i>March</i>	Day <i>9th</i>	Age	Years	Months <i>8</i>	Days <i>9</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth- place <i>Cambridge</i>				
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Chas. W. Kibble</i>		Father's Birthplace <i>Salisbury</i>					
Mother's Maiden Name <i>Carrie Poellitt</i>		Mother's Birthplace <i>Princis Anne</i>					
Name of person giving In formation <i>Chas. W. Kibble</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Meningitis - cerebro-spinal.</i>	How long	<i>61</i>	<i>About 2 weeks</i>
Immediate	<i>Heart Failure</i>	How long	<i>very short</i>	
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		<i>E. E. Wolff M.D.</i>		
Address		<i>Cambridge, Md.</i>		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Koskie</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Secretary</i>		Date of death 1907		Month 3		Day 19	
Sex <i>Girl</i>		Color or Race <i>White</i>		Age Years <i>4</i>		Months <i>4</i>	
Occupation <i>Home girl</i>		Where Residing if not at place of death		Birth-place <i>Dorchester</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Joe Koskie</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Lizzie Meliske</i>		Mother's Birthplace <i>same place</i>					
Name of person giving information <i>Frank Koskie</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>unknown</i>		How long <i>don't know</i>	
Immediate <i>"</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None</i>	
		Address <i>Wm J. Abdell Jr</i>	
Accident or Suicide?		<i>Long</i> <i>assistant of Board health</i>	

5322

Name
in
Full

CERTIFICATE OF DEATH

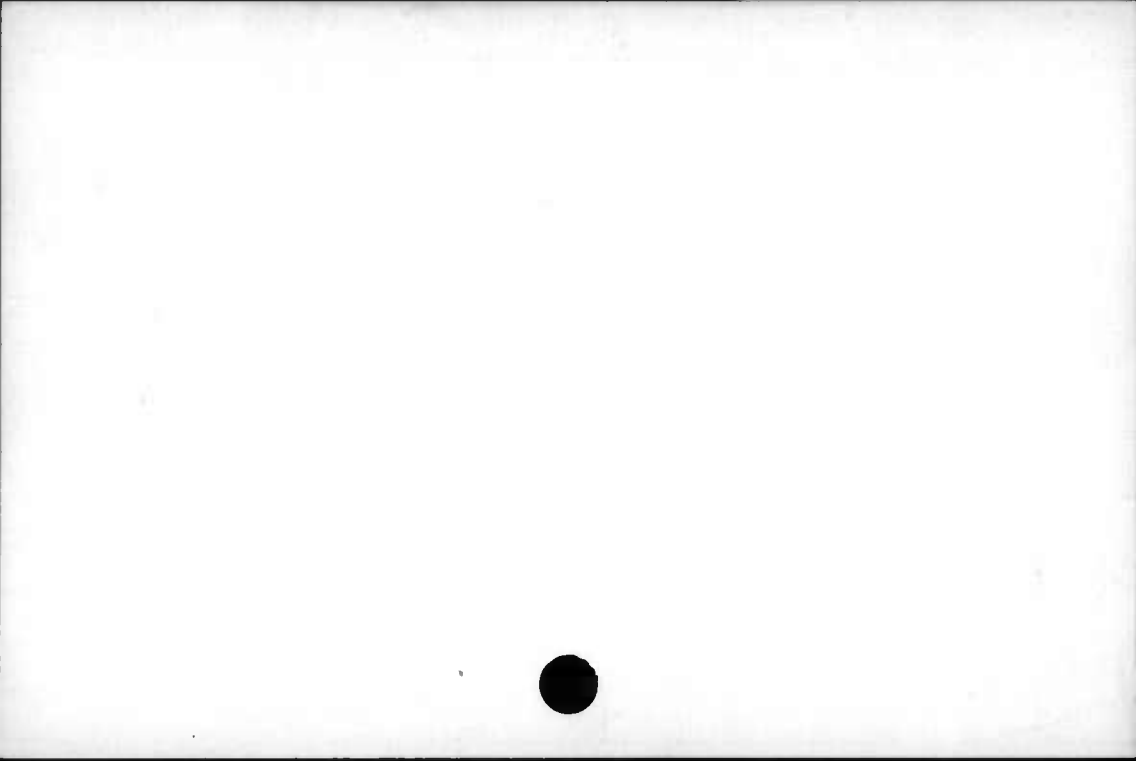
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Lee</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Cambridge</i>		Month <i>Mar</i>		Day <i>2</i>		Age <i>14</i>	
Date of death <i>1907</i>		Months <i>9</i>		Days <i>2</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>Cambridge</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Lantipia Lee</i>					
Father's Name <i>George E. Lee</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Lantipia Travers</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Rev E. Lee</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>		How long <i>10 days</i>	
Immediate <i>Heart failure</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Martin W. Liddell</i>	
		Address <i>Cambridge Ind.</i>	
Accident or Suicide?			



Name
in
Full

Infant- Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

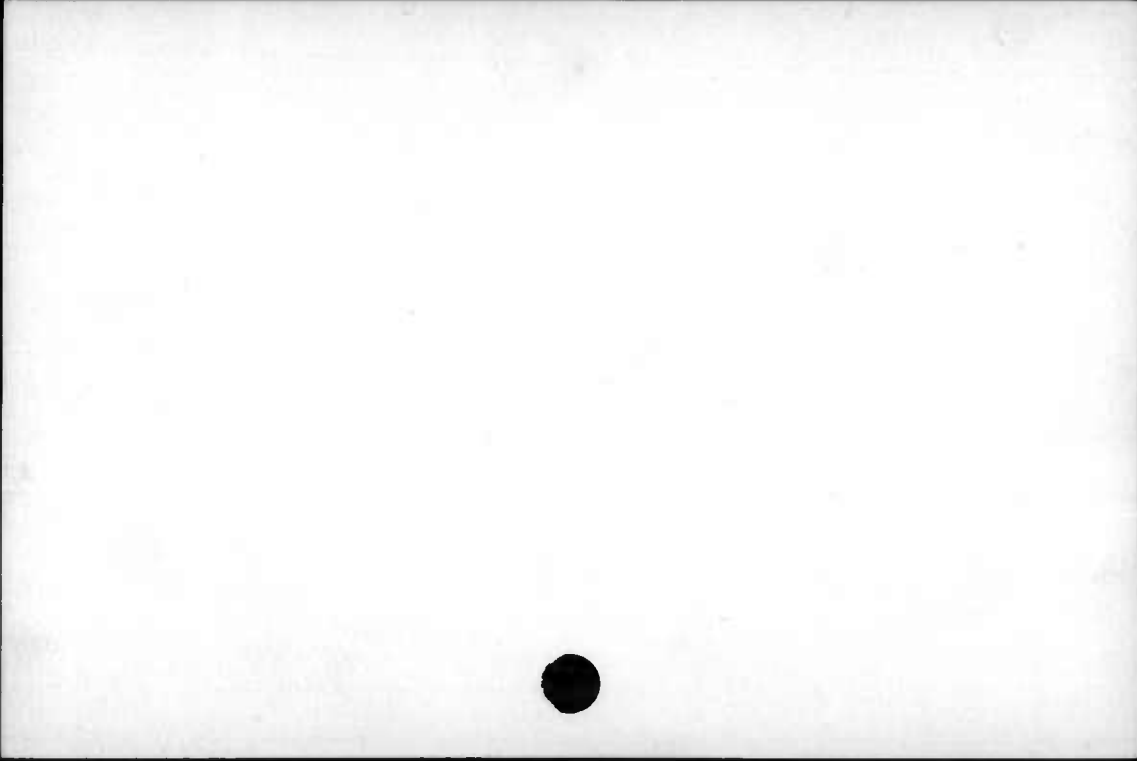
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>22</i>	Age <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Cambridge</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>Ella Marshall</i>			
Father's Name <i>J. E. Marshall</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Ella H. Placum</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>J. E. Marshall</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

(18)

PHYSICIAN
OR CORONER

Primary <i>Immature birth</i>	How long <i>—</i>
Immediate <i>no circulation</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Wace</i> Address <i>Cambridge Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thomas</i> Town		<i>Bochester</i> County		MARYLAND	
Date of death <i>1901</i>	Month <i>Mar</i>	Day <i>1</i>	Age <i>0</i>	Months <i>4</i>	Days <i>4</i>
Sex <i>Boy</i>	Color or Race <i>White</i>		Birth-place <i>Thomas Ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>L. Edgar Marshall</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Fannie Spedden Marshall</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>self</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long
Immediate <i>Bronchitis convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S A Stokes</i>
	Address <i>R 76#5 Cambridge Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

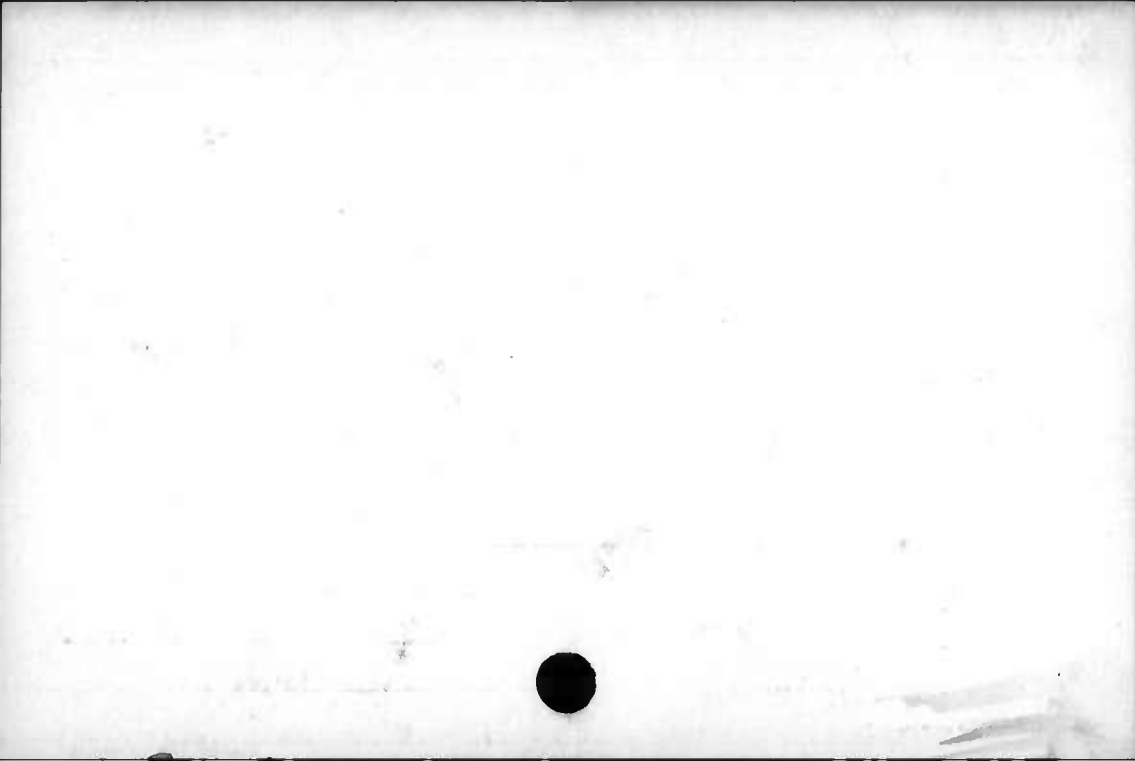
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James E. Mason</i>		Town <i>Toddville</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>10</i>		Years <i>2</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>10</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Toddville</i>		Months <i>11</i>	
Occupation <i>0</i>		Where Residing if not at place of death <i>0</i>		Days <i>08</i>			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace <i>Aspen Island</i>		Mother's Birthplace <i>Toddville</i>	
Father's Name <i>Samuel S. Mason</i>		Mother's Maiden Name <i>Elybeth Robinson</i>		Name of person giving information <i>0</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Laryngitis</i>	How long	<i>(88)</i>
Immediate	<i>Apnea</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. L. Connerway</i>	
		Address <i>Springfield, Mo.</i>	
Accident or Suicide?			



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death 190

Sex

Color or
RaceBirth-
placeMarried, single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
in formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

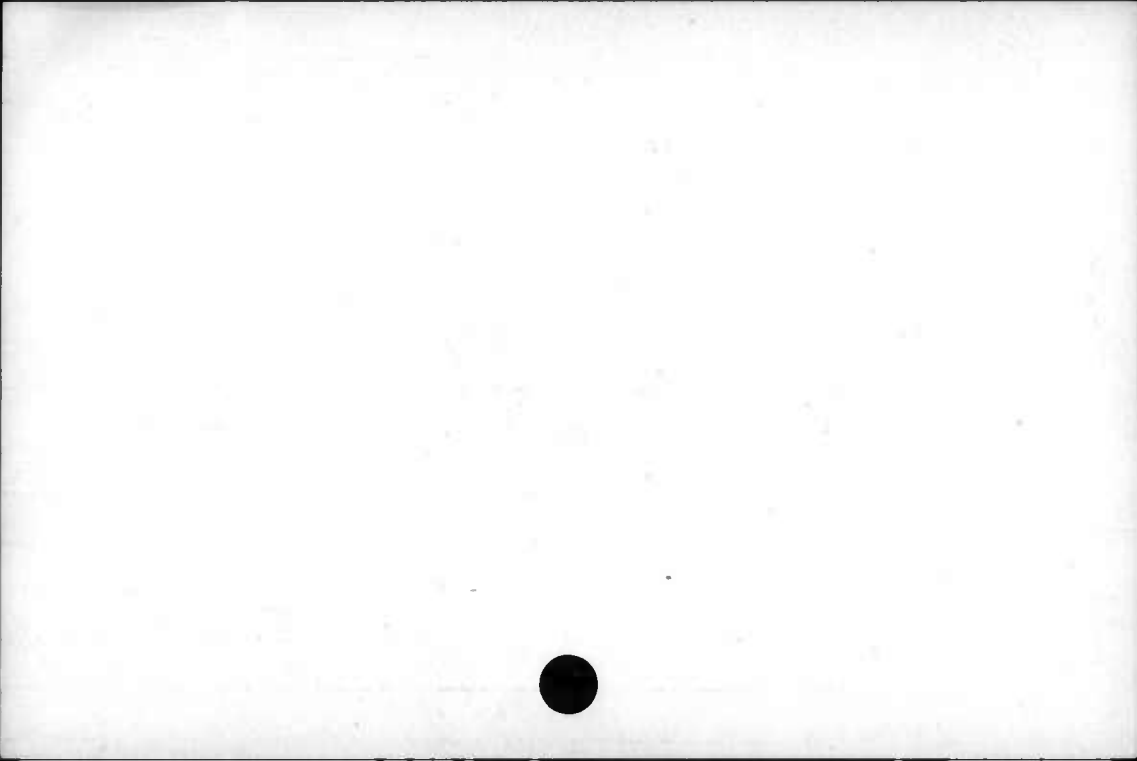
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Margaret P Merrick

MARYLAND

Died at *Colon Creek* Town

County

Date

of death 190

7

Month

3

Day

24

Age

Years

73

Months

11

Days

6

Sex

*female*Color or
Race*white*Birth-
place*Do Co*Married, Single
or Widowed*Widow*

Occupation

*none*Name of Wife or
Husband*Stanberry Merrick*Father's
Name*Richard Gordon*Father's
Birthplace*Do Co*Mother's
Maiden Name*Leah P Phillips*Mother's
Birthplace*Do Co*Name of person giving
information*Mrs C D Jenkins*How related
to deceased*daughter*

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Empyema

How long

*10 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Elmer Myers*

Address

Sturtevant Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Mary Otha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

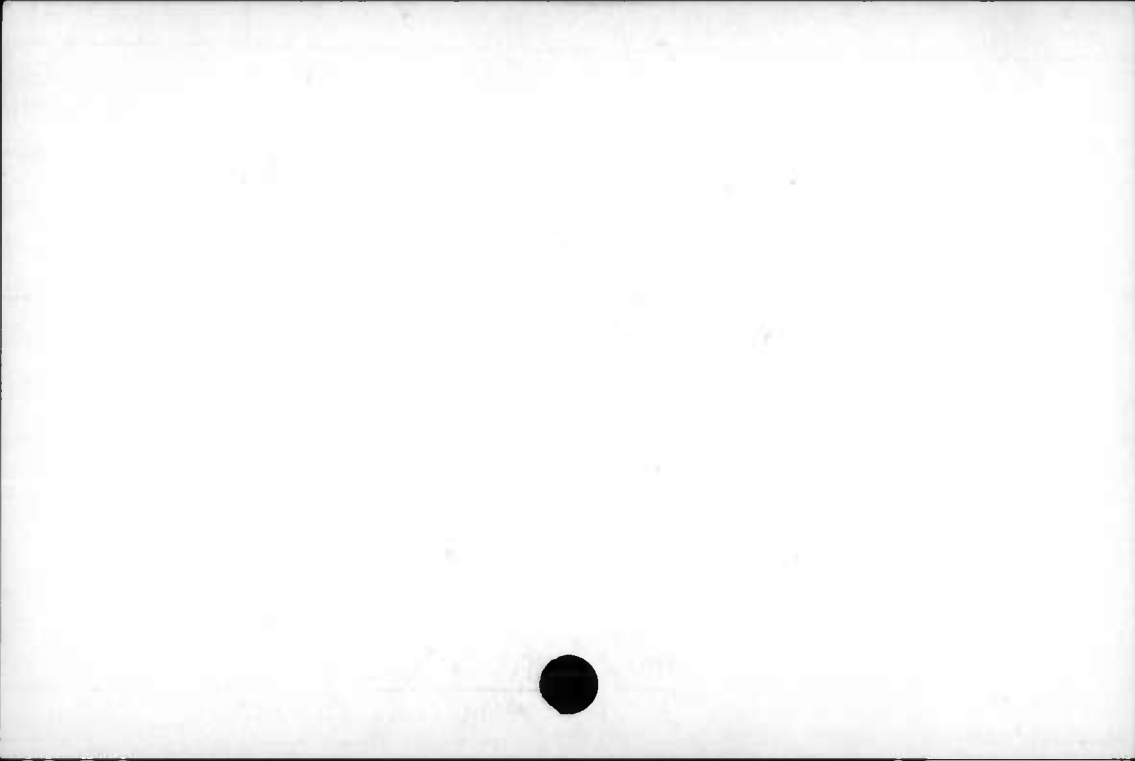
Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	<i>1907</i> Year	<i>March</i> Month	<i>5th</i> Day	Age <i>69</i>	Months _____ Days _____
Sex <i>female</i>	Color or Race <i>Black</i>	Birth-place <i>Dorchester Co.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>home</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Otha</i>				
Father's Name <i>Robert Jackson</i>	Father's Birthplace <i>Don't Know</i>				
Mother's Maiden Name <i>Amelia Dobson</i>	Mother's Birthplace <i>Don't Know</i>				
Name of person giving information <i>Isaiah Otha</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Senile Gangrene of foot</i>	How long <i>one minute</i>
Immediate <i>Shock following amputation</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y/n</i>	Signature of Physician <i>Harry Stull</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name
in
Full

Martha Parker

CERTIFICATE OF DEATH

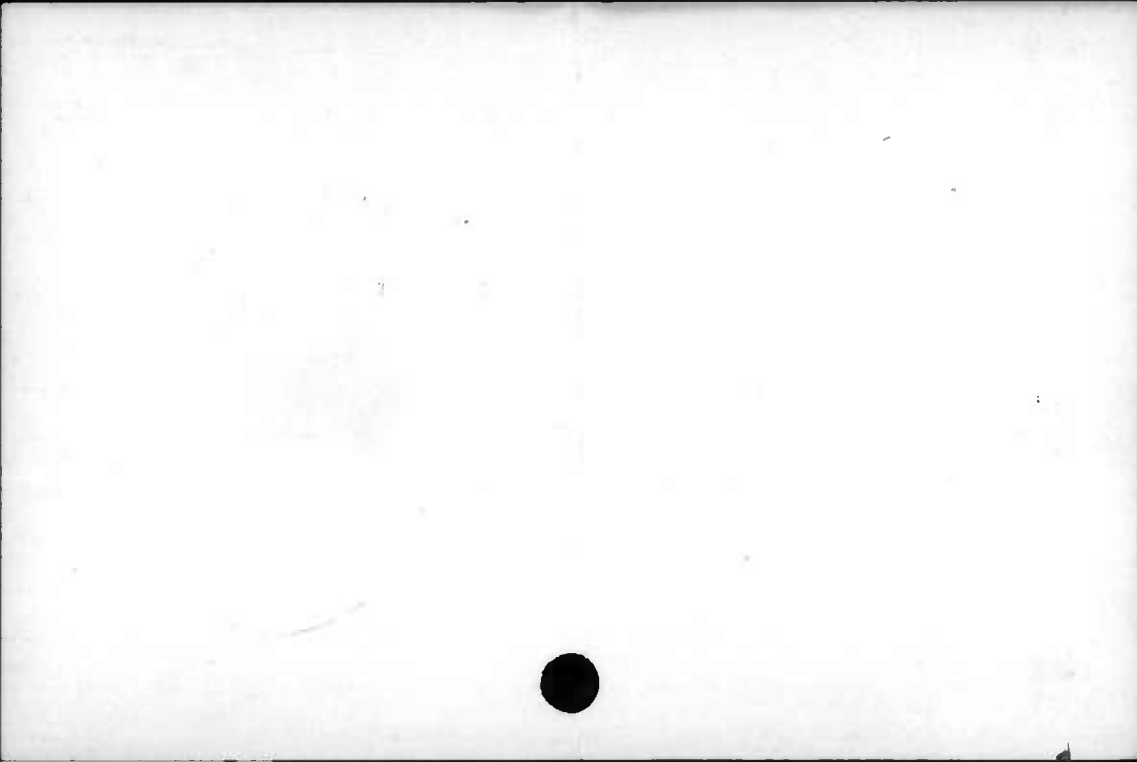
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Vienna</i>		County <i>Or</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>20</i>	Age <i>90 about</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Blk</i>		Birth-place <i>Co</i>		
Occupation <i>H.W.</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Geo. M. Cress</i>		How related to deceased <i>nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate <i>Inf. heart disease</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. B. Brodnax</i>
	Address <i>Vienna Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Sarah Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Scuffs neck</i>		Town <i>Dor</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>3</i>	Day	<i>25</i>	Age	<i>90</i>
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>Co.</i>
Occupation	<i>Home work</i>			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband <i>L</i>				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			<i>Geo McQuady</i>			How related to deceased <i>none</i>	

154

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long
Immediate	<i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>yes</i>		<i>Ch Brokmarska</i>
		Address
		<i>Neima, Md</i>
Accident or Suicide?		<i>V.</i>

1864

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Name
in
Full

Gustavus Parks

CERTIFICATE OF DEATH

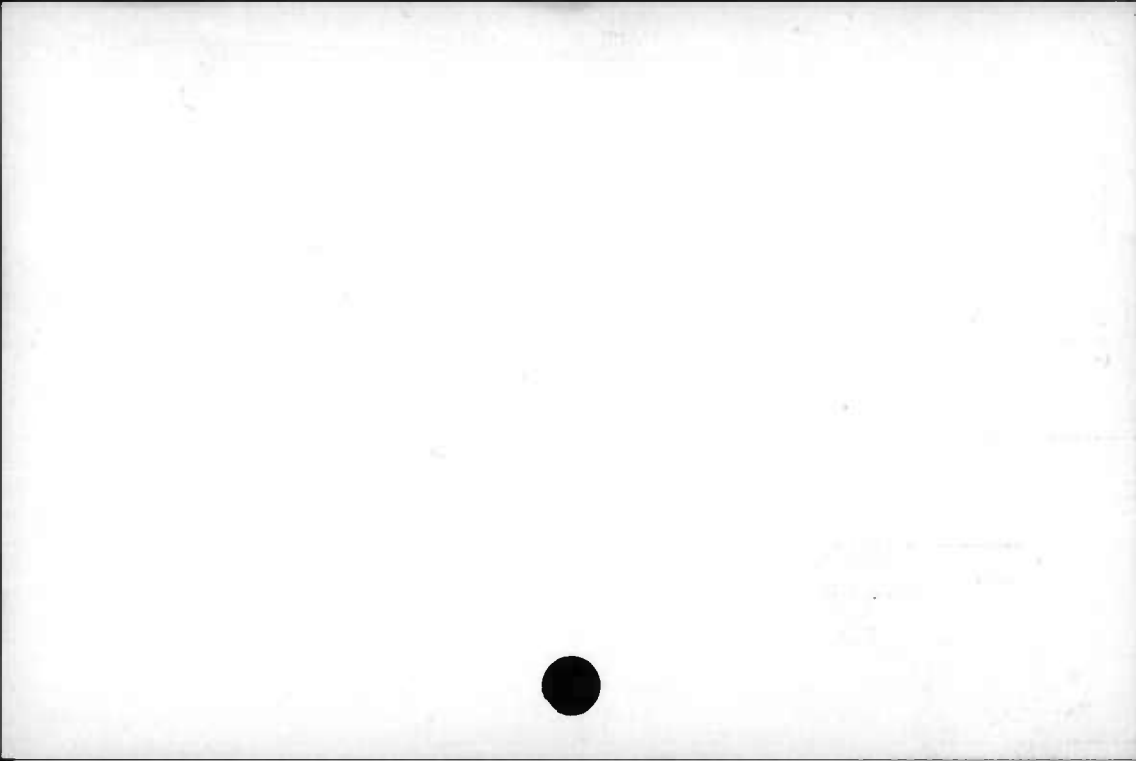
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1907	Month	Mar.	Day	8	Age	62
Sex	Male		Color or Race	White		Birth-place	Maryland
Occupation	None		Where Residing if not at place of death		Cambridge "		
Married, Single or Widowed	Married		Name of Wife or Husband	Mary Parks			
Father's Name	Wm. Henry Parks					Father's Birthplace	Maryland
Mother's Maiden Name	Matilda Mc Donnell					Mother's Birthplace	"
Name of person giving information	Mary Parks					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright Disease	How long	4 weeks
Immediate	Unacemid	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yps	
Signature of Physician		G. E. Steele	
Address		Cambridge Md	
Accident or Suicide?		at Cambridge Hospital	



Name

in
Full

Florence Sammons

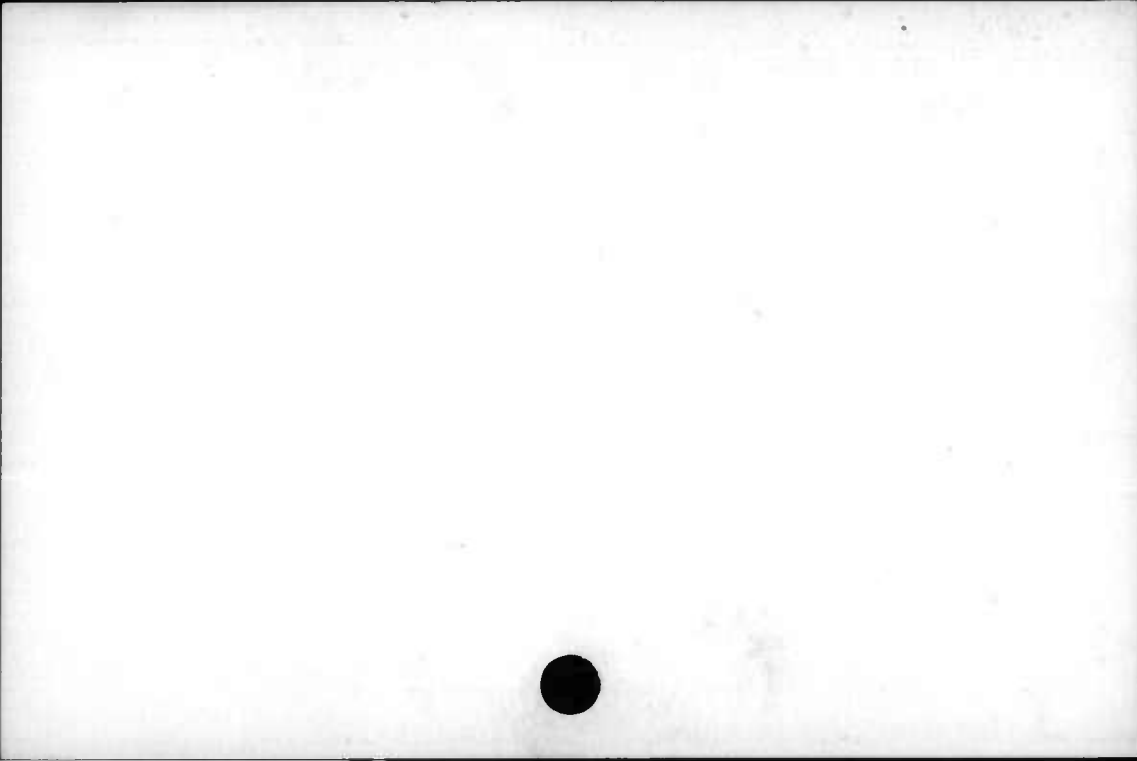
CERTIFICATE OF DEATH

Died at		Town Cambridge		County Dorchester		M ^d MARYLAND	
Date of death	190	Month March	Day 25	Age 2	Years	Months 7	Days 2
Sex	Female		Color or Race	White		Birth- place	Cambridge
Occupation	Child			Where Residing if not at place of death		Cambridge	
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	Frank Sammons				Father's Birthplace	Carlisle Pa	
Mother's Maiden Name	Maggie Sinclair				Mother's Birthplace	Dorchester	
Name of person giving information	Frank Sammons				How related to deceased	Carlisle Pa	

CAUSES OF DEATH

92

PHYSICIAN OR CORONER	Primary	Broncho-Pneumonia		How long	2 months
	Immediate	Heart Failure		How long	Very short
	Are the name, age, sex, color, date and place correctly given above?		yes		
	Signature of Physician		E. E. Walsh		
		Address		Cambridge, Md	
Accident or Suicide?					



Name
in
Full

Mary Ann Sampson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ligonsville</u>		Town		<u>Dorchester</u>		County		MARYLAND	
Date of death <u>1907</u>		Month <u>3</u>		Day <u>29</u>		Age <u>20</u>		Years <u>11</u> Months <u>31</u> Days	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Maryland</u>					
Occupation <u>Labour</u>				Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>				Name of Wife or Husband					
Father's Name <u>Joseph Sampson</u>				Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Anna Sampson</u>				Mother's Birthplace <u>Maryland</u>					
Name of person giving information <u>Joseph Sampson</u>				How related to deceased <u>Father</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>		How long <u>20 or 30 days</u>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. M. Vincent</u>	
		Address <u>ast</u>	
Accident or Suicide? <u>8</u>			

Doctor Guy Steel
Cambridge
Ms

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

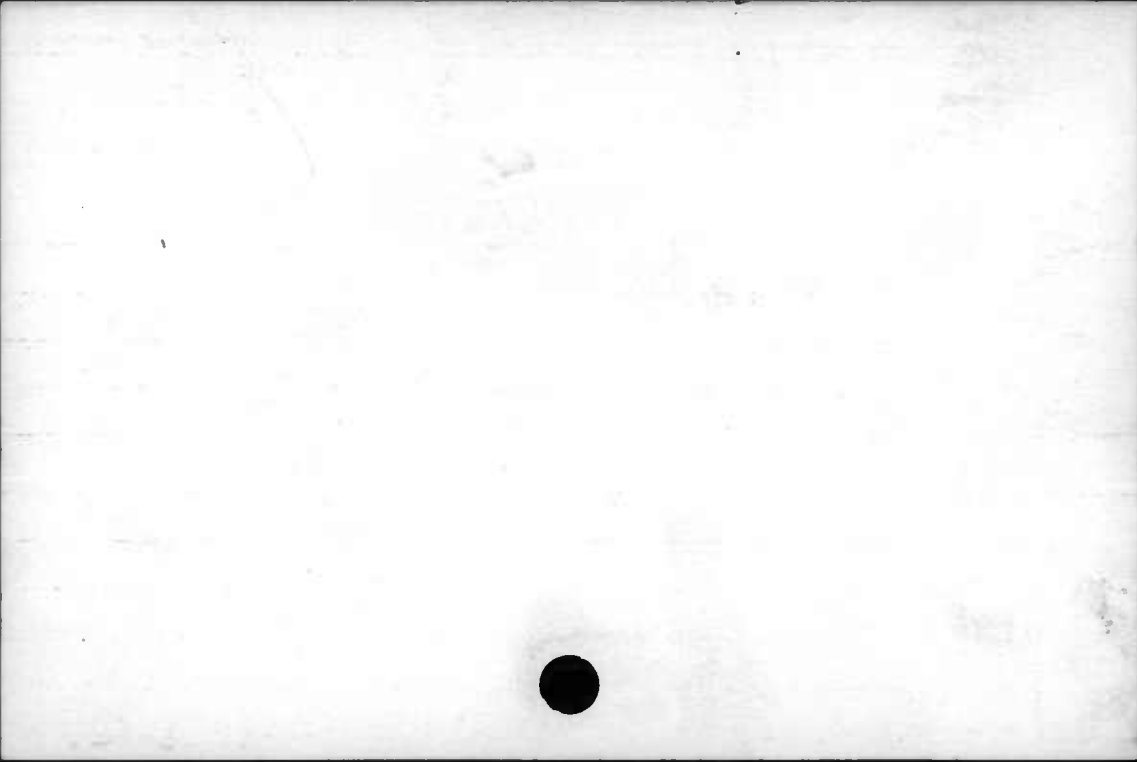
MARYLAND

Name in Full <i>Mary Sampson</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>	
Died at <i>Dorchester</i>					
Date of death <i>1907</i>	Month <i>3</i>	Day <i>31</i>	Age <i>20</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph E. Sampson</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Archie Jackson</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Joseph E. Sampson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>1</i>
Immediate <i>Ephraim</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lucy Steele M.D.</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide?	



Name
in
Full

Myra A. Seward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town James		County Borchester		MARYLAND	
Date of death		Month May	Day 30	Age —		Months 2	Days ✓ —
Sex Female		Color or Race white		Birth-place James			
Occupation Infant				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Geo W Seward				Father's Birthplace James Md			
Mother's Maiden Name Hattie S. Marshall				Mother's Birthplace James Md			
Name of person giving information Lloyd Seward				How related to deceased none			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Tuberculosis?	How long
Immediate	marasmus	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
		Rt 65 - Cambridge
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

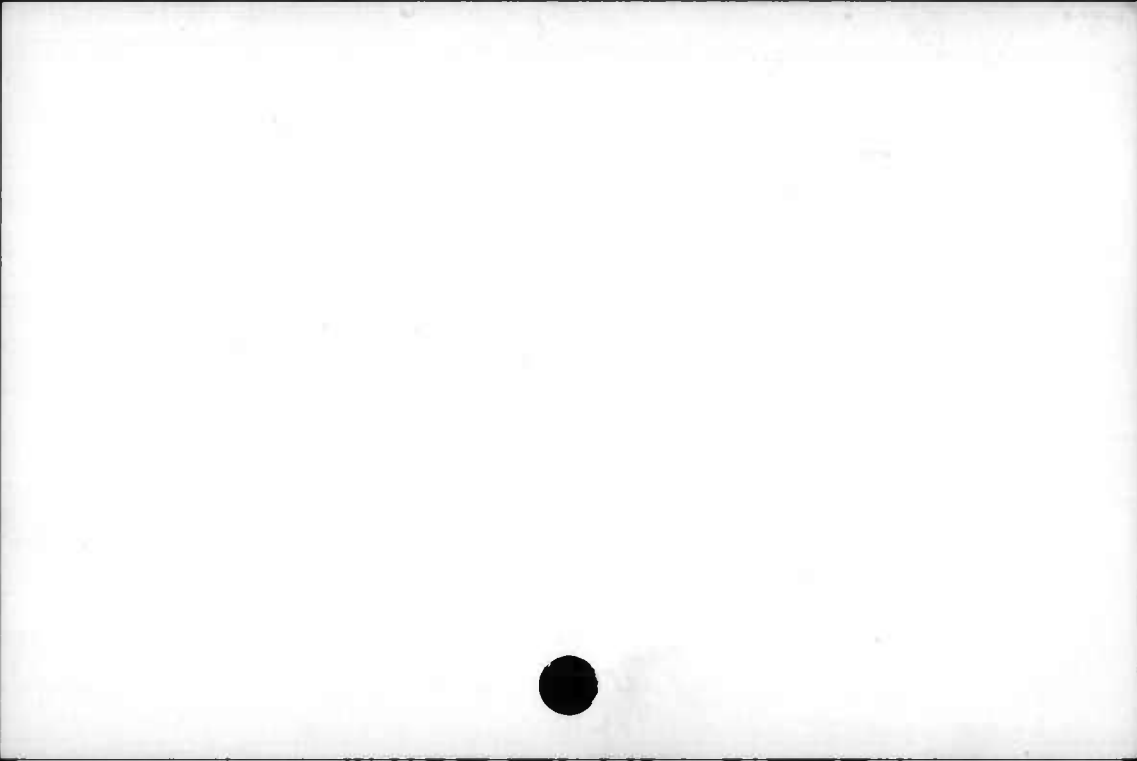
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Stewart</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Mar</u>	Day <u>1</u>	Age	Years	Months <u>few hours</u> Days
Sex <u>1 male / female</u>	Color or Race <u>white</u>	Birth-place <u>Cambridge</u>			
Occupation	Where Residing, if not at place of death <u>Cambridge</u>				
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>Ladie M. Stewart</u>				
Father's Name <u>J. R. Stewart</u>	Father's Birthplace <u>MD</u>				
Mother's Maiden Name <u>Ladie M. Conway</u>	Mother's Birthplace <u>MD</u>				
Name of person giving information <u>J. R. Stewart</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonia, bronch</u>	How long <u>151</u>
Immediate <u>Exhaustion</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>John Moore M.D.</u>
	Address <u>Cambridge, Md.</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

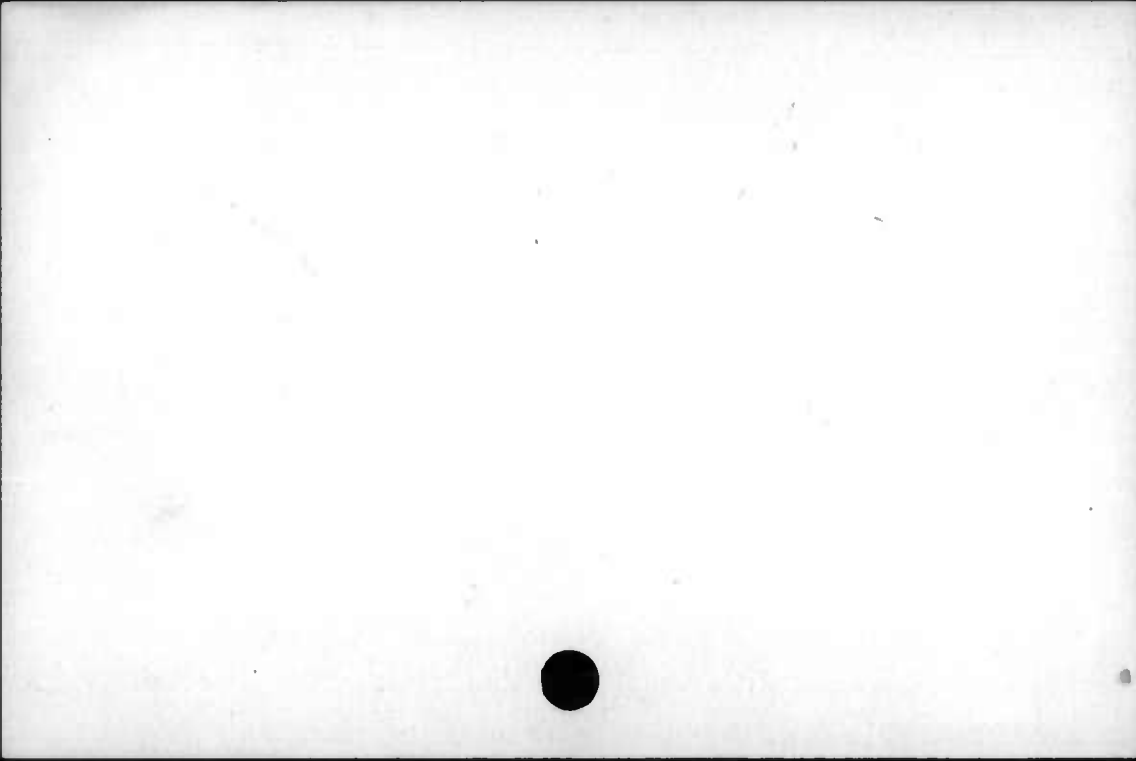
Died at <i>Rhodesdale</i>		Town <i>Rhodesdale</i>		County <i>Stor</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>29</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>unknown</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Rhodesdale</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Thos Brown</i>						
Father's Name <i>W B. Buchanan</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>H E Thomas</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>3 yrs</i>
Immediate <i>La Grippe</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. H. McGuire</i>
	Address <i>Hughes Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full JAMES TODD		Town Toddville		County Howard		MARYLAND	
Died at Toddville		Month Mar		Day 20		Years 67	
Date of death 1907		Months 4		Days 27			
Sex Male		Color or Race W		Birth-place MD			
Occupation Sailor (retired)		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Prisilla Todd					
Father's Name Basil Todd		Father's Birthplace MD					
Mother's Maiden Name Unknown		Mother's Birthplace MD					
Name of person giving information Artillas Todd		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Grip	How long 3 months
Immediate Dysentery	How long 3 weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. A. Jones
	Address Chateaufort
Accident or Suicide? ✓	



Name In Full *Capt. James E. Todd*

CERTIFICATE OF DEATH

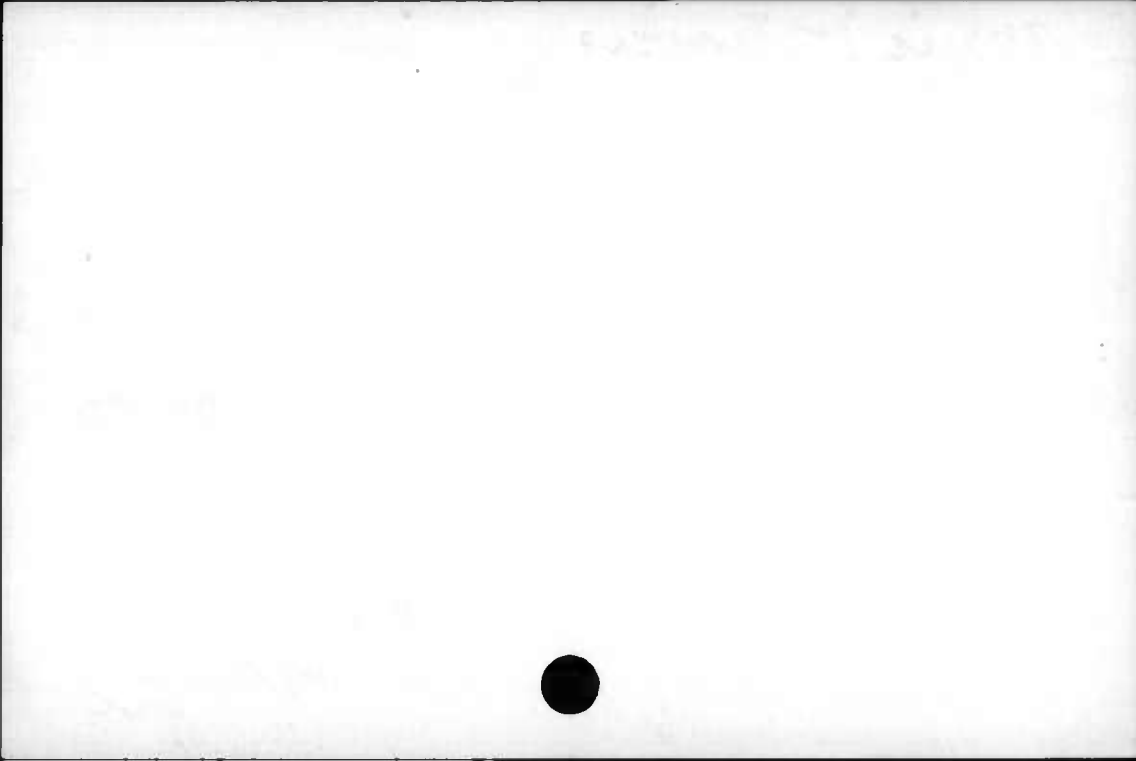
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar.</i>	Day <i>2</i>	Age <i>66</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Cambridge "</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Wester Todd</i>				
Father's Name <i>Purnell Todd</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace				
Name of person giving information <i>Wester Todd</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	94	How long <i>1 week</i>
Immediate <i>Unknown</i>		How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Martin W. Goldsborough</i>	
	Address <i>Cambridge</i>	
Accident or Suicide? <i>No</i>		



Name
in
Full

Annie V Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fishing Creek</i> Town		<i>Don</i> County		MARYLAND	
Date of death <i>1904</i>	Month <i>Mar</i>	Day <i>1</i>	Age <i>2</i> Years	<i>7</i> Months	<i>11</i> Days
Sex <i>female</i>	Color or Race <i>White</i>		Birth-place <i>Fishing Creek</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Jas H Travers</i>			Father's Birthplace <i>Fishing Creek</i>		
Mother's Maiden Name <i>Brida Woodland</i>			Mother's Birthplace <i>Bethesda Md</i>		
Name of person giving information <i>Jas H Travers</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

(6)

father

PHYSICIAN
OR CORONER

Primary <i>Measles Broncho Pneumonia</i>	How long <i>2 Weeks</i>
Immediate _____	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Hanston</i>
	Address <i>Fishing Creek and</i>
Accident or Suicide?	



Name
in
Full

Ida Linn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Hurlock ^{Town} Dorchester ^{County} **MARYLAND**

Date of death 1907 ^{Month} March ^{Day} 11 ^{Years} 50 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Dorchester, Md

Occupation Housewife Where Residing if not at place of death Hurlock

Married, ~~Single~~ or Widowed Name of Wife or Husband Geo Linn

Father's Name Nicks Wright Father's Birthplace Hurlock

Mother's Maiden Name Mary Shannon Mother's Birthplace unknown

Name of person giving information J. W. Stevens How related to deceased Sister-in-law

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary La Grippe & Measles How long 2 weeks

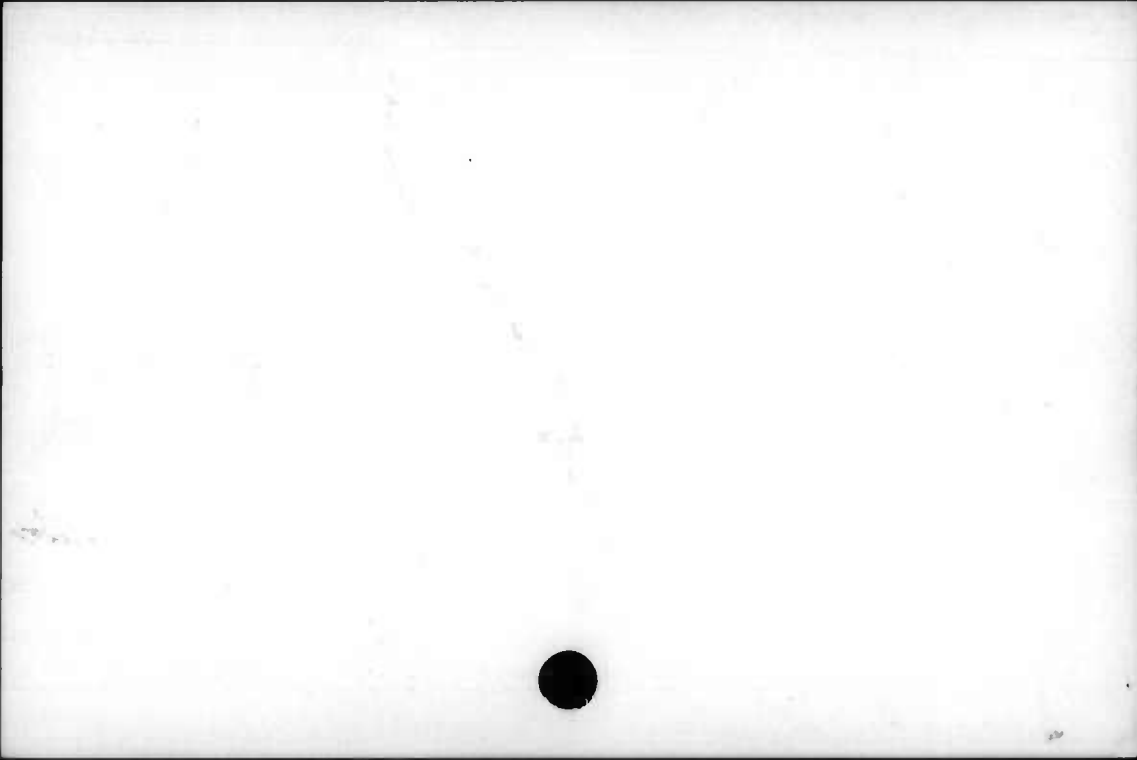
Immediate Erysipelas & Pyelitis How long 1 week

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician C. F. Maguire

Address Hurlock Md

Accident or Suicide? ☐



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Martha Tyler

Town

County

Died at Hoppersville

Dorchester Co.

MARYLAND

Date of death 1907 March

Day 28

Age 53

Months 8

Days 12

Sex Female

Color or Race white

Birth-place Dorchester Co.

Occupation Housewife

Where Residing not at place of death

Married, Single or Widowed Widowed

Name of Wife or Husband Wm. H. Tyler

Father's Name Jacobariah Parks

Father's Birthplace Dorchester Co.

Mother's Maiden Name Mary Wooten

Mother's Birthplace Dorchester Co.

Name of person giving information Julia A. Tyler

How related to deceased Daughter

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary Natural causes

How long Died Suddenly

Immediate Exact cause unknown

How long

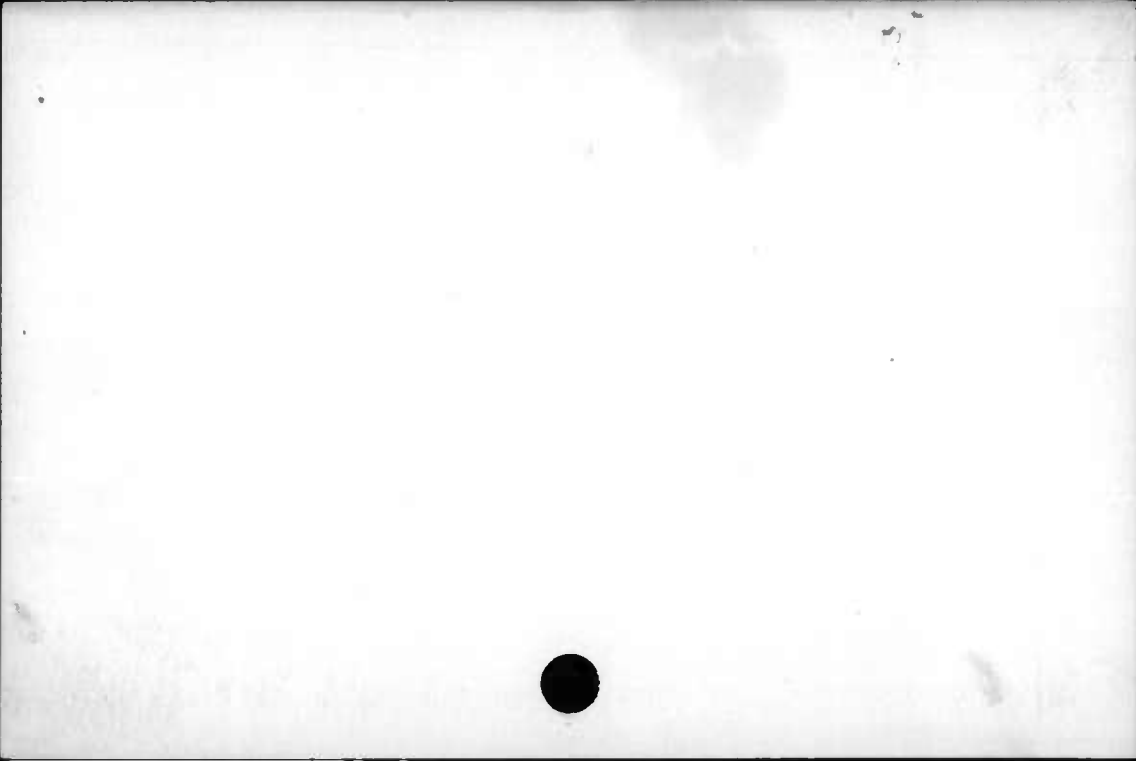
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Lawrence P. Ashby

Address Hoppersville Ind.

yes





Name

in
Full

Nathan Windsor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hudson* TownCounty
Dor

MARYLAND

Date

of death 190

7

Month

3

Day

2-7

Age

Years

60

Months

Days

Sex

*female*Color or
Race*white*Birth-
place*Wycombe Co*Married, Single
or Widowed*widow*

Occupation

*Housekeeper*Name of Wife or
Husband*Joseph Windsor*Father's
Name*John Anderson*Father's
Birthplace*Wycombe Co*Mother's
Maiden Name*unknown*Mother's
Birthplace*—*Name of person giving
information*Wiley Windsor*How related
to deceased*Son*

CAUSES OF DEATH

179

Primary

Heart failure

How long

—

Immediate

The same

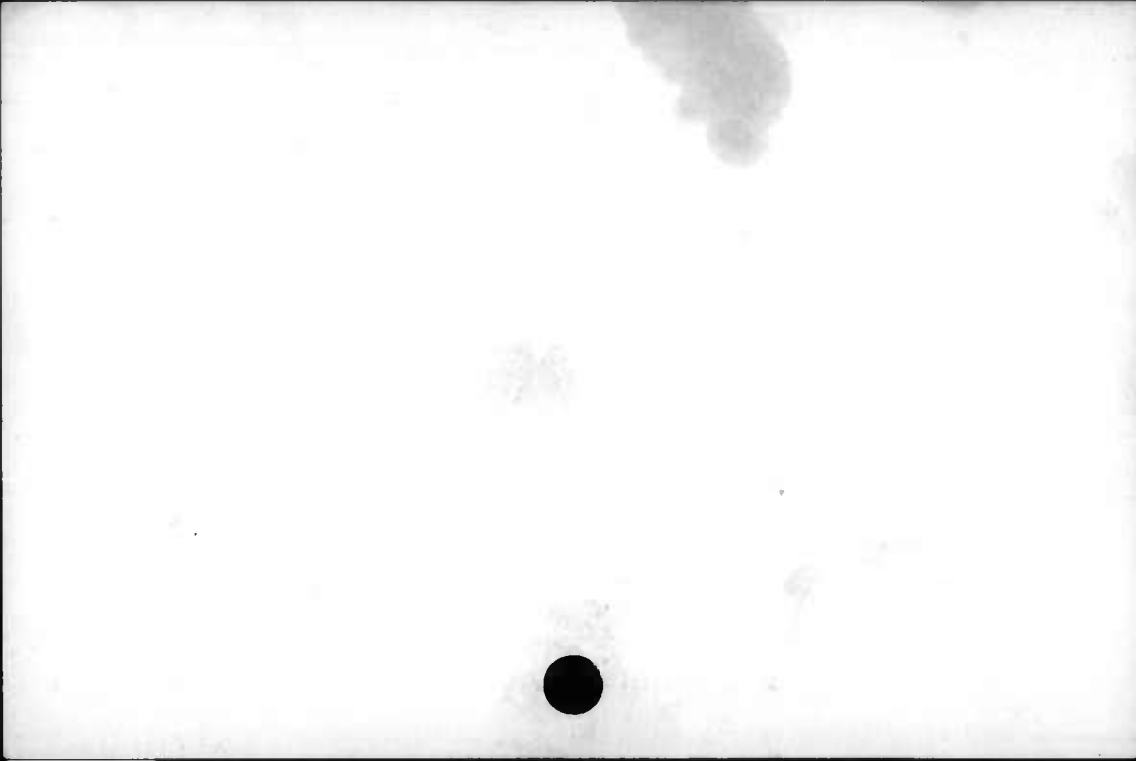
How long

*—*Are the name, age, sex, color, date
and place correctly given?

Signature

*W. Rogers Myers*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jethro T. Woolford.

Town *Taylor's Island* County *Dorchester* MARYLAND

Died at *Taylor's Island*

Date of death *1907* Month *March* Day *10* Age *80* Years Months *—* Days *7*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary M. Woolford*

Father's Name *Thos. Woolford* Father's Birthplace *Md.*

Mother's Maiden Name *unknown* Mother's Birthplace *Md.*

Name of person giving information *Whitburn Woolford* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Parenchymatous Nephritis - 2 yrs* How long *2 yrs*

Immediate *Cardiac Failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Geo. B. Shriver Jr.*

Address *Taylor's Island Md.*

Accident or Suicide? *—*



Name
in
Full

Thomas E. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

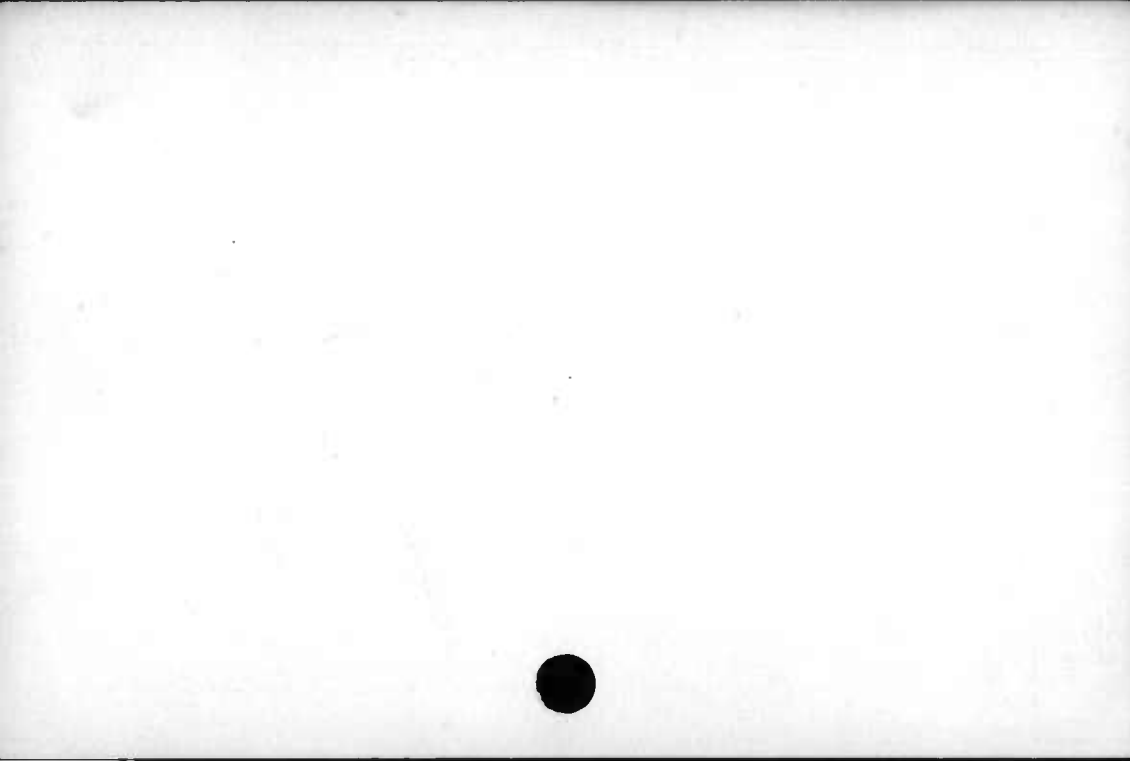
Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Mar.</i> ^{Day}	<i>12</i> ^{Age}	<i>71</i> ^{Years}	<i>3</i> ^{Months}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Merchant</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death	<i>Cambridge "</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Sallie H. Wright</i>	
Father's Name	<i>Jeremiah E. Wright</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sarah Yates</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Mrs Maggie Bowdle</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuber mening</i>	How long	<i>Four years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Four years</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr Chas M. Hurlburt</i>
		Address	<i>Cambridge Md</i>
Accident or Suicide?			



Name
In
Full

CERTIFICATE OF DEATH

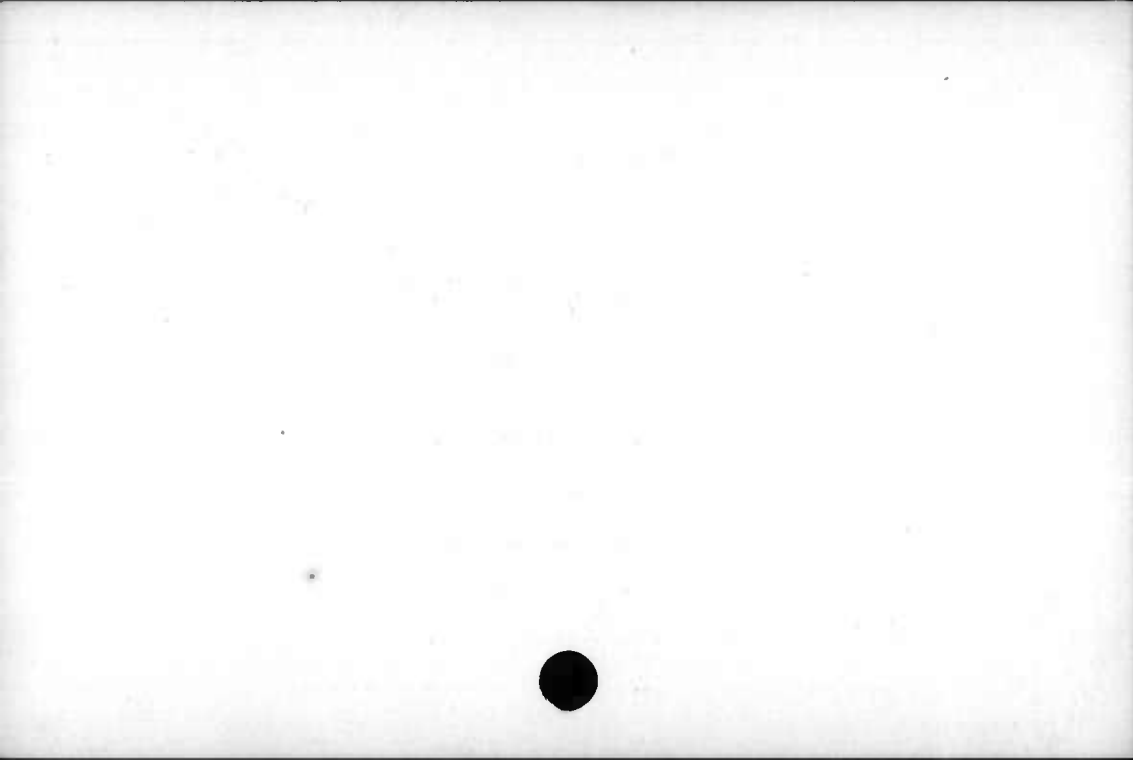
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fishing Creek</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>March</i> Day <i>22</i>		Age <i>8</i> Years		Months <i>9</i>	Days <i>0</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co.</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joseph Howard Wooten</i>		Father's Birthplace <i>Dorchester Co.</i>			
Mother's Maiden Name <i>Effie A. Brighton</i>		Mother's Birthplace <i>Dorchester Co.</i>			
Name of person giving information <i>J. Howard Wooten</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i> (6)	How long	<i>2 week</i>
Immediate	<i>Broncho Pneumonia Heart Failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. H. Wooten MD</i>	
		Address <i>Fishing Creek</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gumbidge</u> ^{Town}		<u>Homberton</u> ^{County}		MARYLAND	
Date of death	1907	Month	Mar	Day	1
Age	83	Years		Months	
Sex	male	Color or Race	Black	Birth-place	Ind
Occupation	Laborer		Where Residing if not at place of death <u>Church Creek Ind</u>		
Married, Single or Widowed	Single		Name of Wife or Husband <u>Donk K. Moore</u>		
Father's Name	<u>Donk K. Moore</u>		Father's Birthplace <u>Donk K. Moore</u>		
Mother's Maiden Name	<u>Donk K. Moore</u>		Mother's Birthplace <u>Donk K. Moore</u>		
Name of person giving information	<u>Minnie Moore</u>		How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Probably, Brights</u>	How long	<u>Donk K. Moore</u>
Immediate	<u>Unk. Probably</u>	How long	<u>Short while</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Donk K. Moore</u>	Signature of Physician	<u>John Moore</u>
		Address	<u>Church Creek Ind</u>
Accident or Suicide?	<u>No</u>		

